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N. B.-WRITE PLAI

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4700
state UPA.	1. PLACE OF DEATH	Registration Dist. No.
ould	County Allegany	Registration Dist. No.
-	Timage of oity	Ward
0	(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrsds.
AN	2 4 1 n.	
YSICIANS		If U. S. Veteran, specify WAR
YS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHYSICIANS act statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH Many (See 1936)
fed	5a. If merried, widowad, or divorced HUSBAND of	(month) (bay) (1691)
A C T assified	(or) WIFE of Geo. L.	22. I HEREBY CERTIFY, That I attended deceased from
X 2	Plde inn	1 last saw h EM eliva on May 17 , 1936; daath is said
rly cate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	to have occurred on the data stated above, at 2 Am.
stated E properly certificate	5-8 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
	8 Trade profession or particular	ware as follows: Date of onset and a house years due tryden
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	to princardful effection
ould may back	9. Industry or business in which work wes done, es SILK MILL,	
should t it may on back	SAW MILL, BANK, etc	Constral homorronges By "relorais" no
	this occupation (month and spent in this occupation occupation	- Leverale rouse is mounts lugg.
	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
d. s, so ructi	(State or country)	dit to a constant
instri	13. NAME Buston K. Bright	Central hammaker 11.30/05 Humphina
# 40 m	14. BIRTHPLACE (city or town)	Name of oparation Date of
. = v2	1 (State of Country)	What test confirmed diagnosis? Chianiel Was there an autopsy? He.
efully in pla ant.	15. MAIDEN NAME Deborale Epler	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
2.	[16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
he day	(State or country)	Whare did injury occur? (Specify city or town, county and State)
should be can OF DEATH s very import	17. INFORMANT Teo & Server (Address) Consider Server.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. SURILL SPEMATION OF REMOVAL	Manner of injury
mation SCAUSE	Japaning - fa. Data May 57, 1930	Neture of injury
CAUS. TION	19. UNDERTAKER Janes Stoir Stoir	24. Was disaasa or injury in any wey related to occupation of daceased? Vo
	(Address) (umberland md	If so, spacify
T	20. FILED May 19, 19. 36 DN. J. Frankle	(Signad) All Norman M.D. (Addrass) & T.M. Center Co
0	If more blanks are needed, address State Registrar,	J Gradi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUN 6 1936			
Other contributory causes of importance. 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUP. 1. PLACE OF DEATH Registration Dist. No. County 0 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where How long in U.S. if of foreign birth? (a) Residence: No If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR MACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced **HUSBAND** ot That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. If LESS than 7. AGE Months Days 1 day,.... __hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as tollows Date of enset 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back 10. Oate deceased last worked at 11. Total time (years) on this occupation (month and spant in this occupation _____ instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME See FAT 14. BIRTHPLACE (city or town (State or country) Zela Frul Was there an autopsy?. What test confirmed diagnosis? HER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?_____ Date of Injury..... 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation TION Nature of injury 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Cerebral hemorrhage PERALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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7. AGE

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5a. If married, widowed, or divorced HUSBANO of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular kind of work done, as SPINNER,

9. Industry or business in which work was done, as SILK MILL,

TO. Date deceased last worked at

14. BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOV

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

17. INFORMANT

19. UNDERTAKER (Address)

20. FILED May / 7

(Address)

SAW MILL, BANK, etc

this occupation (month and

SAWYER, BOOKKEEPER, etc.

Vaars

(or) WIFE of

PHYSICIANS

may 16.

Months

(Year)

ME	DICAL	CERTIFICATE	OF	DEAT	Н
OF	DEATH	may		173	不

(Month

I HEREBY CERTIFY. That I attended deceased from

Registration Dist. No

If nonresident give city or town and State

(Day)

to have occurred on the date stated above at 7,3 092 m.

WALLEY WE CHOOL OF	DEMINI SING POINTED C	auses of importance	,
vere as follows:	ital ma	11 1	Date of or
Congen	wer ma	munic	to .
	1 Hen	X	
·	X-1-T	4	
	· Q		
Other Contributory Causes	of importance:		

What test confirmed diagnosis? Was there an autopsy?_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of Injury______ 19_ Where did injury occur?___

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) (Address).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

22.

If LESS than

1 day, _____hrs. or____min.

11. Total time (years)

spent in this

occupation

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Example [FIVE	D		Example II	
The principal cause of death and rela	ted causes	Date of	onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1330	19	5	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Pilipi	ALLV	192	1	Run over by street car	1 week ago
Cerebral hemorrhage		Julys	1927	Peritonitis	3 days ago
Other contributory causes of importation	nce:			Other contributory causes of importance:	
Gallstones		May 1	,1923	Gastroenteritis	1 year
					and the state of

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	LA	A	ŀ	k	1	ĺ,	ĺ	J	J	J	J]		,	1		,]	1	,]		J		1	1	1	1	1	,	1	7	3					7	7		7					(((į	ĺ	I]	Š.	7	5	1	ľ	3]	I	1)	I	ı,	•	ľ	1	3	B]		š	6	Γ		V	N		3	I		1	N	C.	F		1	1	A	1	ľ		7	S	5		₹	ŀ		3	3	H		I	H	1	ľ	ľ	7		3	R	1		J	Ü	ί	Į	Į	3	P	1	ł	F	I]	1			,	ζ	3	ŧ	Ĭ]))				(((1	7	7	1
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STATE OF MARYLAND-CERTIFICATE OF DEATH

0	1. PLACE OF DEATH UISION A Legany Combell Village ASity Bad on Road	No. R.J. D. Registration Dist. No. 4 No. R.J. D. St., St., Ward
	2. FULL NAME Aloya 7 Bitting (a) Residence: No. Bearing Road, R. F. J.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White That	21. DATE OF DEATH May (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Bithinger	22. May 1 HEREBY CERTIFY, That I ettanded deceased from 1936, to May 1, 1936
certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted ebova, at
Jo	SAWYER, BODKKEEPER, etc.	deute Cardia delatation 5/18/34
s on back	work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last workad at this occupation (month and year)	
instructions on	12. BIRTHPLACE (city or town) Bittinger and (State or country)	Other Coutributory Causes of Importance: 1935
See inst	13. NAME Berg & Bittinger 14. BIRTHPLACE (city or town) Bittinger (Steta or country)	Neme of operation. Date of
important.	15. MAIOEN NAME Catherine Harmon 16. BIRTHPLACE (city or town) BiTTinger (State or country)	What test confirmed diagnosis? 1. We sthere an autopsy? 1. 23. If death was due to external ceuses (VIDL ENCE) fill in also the following: Accidant, suicide, or homicide?
very im	17. INFORMANT BY Carrie Bittinger (Address) Bitting	(Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
. E	18. BURIAL, CREMATION, OR REMOVAL Place / LL CYCST Lem: Data / 2/ 1936	Manner of injury
TION	19. UNDERTAKER John growthod ma	24. Was disaase or injury in any way raleted to occupation of decaased?
1	20. FILED nay 21, 1936. Dr. J. V. Franklis Registrar.	(Signed) (Address) Cumberland M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every MARGIN RESERVED FOR BINDING

them of infor-

PHYSICIANS

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		- 1	Example II	
The principal cause of death and re of importance were as follows:	lated auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Boon	1315	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	28 100-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ATTE	July 5,1927	Peritonitis	3 days ago
	1	\$ 75 /		
Other contributory causes of import	ance:	7	Other contributory causes of importance:	E-AME
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4704
1. PLACE OF DEATH	50
County / Lugury	Registration Dist. N. 14
Village or City whoelend of	No. Molecular Hand Hand Ward death occurred in a horpiral or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town where death occurradyrs,mos.	/
2. FULL NAME Other TP Blaker	
(a) Residence: No. 218 Emily st	St., 5 Ward.
(Usua) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Temale White OR DIVORCED (grite the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or diviscad HUSBAND of (or) WIFE of Sherman W. TBlaker	22. I HEREBY CERTIFY, That I attended deceased from
C/+22 1001	90 5 19 11 to They 2 5 = , 19 16
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Amuse duly	bancon of breast 1934
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc A CONTROL OF THE SAW MILL, SAW MILL, BANK, etc	
0. Data dacaasad last worked at this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) Sungfield (State or country) 13. NAME 13. NAME 14. Jungq.	Other Centributory Causes of Importance:
(State or country) (State or country) (State or country) (13. NAME (24. Juviga.	loke Myocardeter 1932
	Name of Secretary Association Association and Association Associat
14. BIRTHPLACE (city or town) 11. State or country)	Nama of operation Date of Date of Was there an autopsy?
15. MAIDEN NAME Mary Wellison	23. If daath was due to external causas (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Many Willison 16. BIRTHPLACE (city or town) Musley Branch (State or country)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT WWW TOWN VALLENWING (Address) Navies Nova Toads (Address) Navies Navies Nova Toads (Address) Navies Nova Toads (Address) Navies Navies Nova Toads (Address) Navies Navie	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
Place 17 ose Hill Cem Data May 27, 1936	Nature of injury
19. UNDERTAKER (Address) Combulant ynd	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED May 26, 19 36. Dr. J. P. Frankle Registrar.	(Signed) M. D. (Address) Sunshandand W. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I (35	ii ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		E-Starting of the second	

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	RY	PHYSICIAN
TANK TANK TANK	OF TYONG T	OTO T CHET TITLE	DITTLIBUTERANT	A. J. A.	TATABLETATA

WRITE PLAINLY, WITH UNFADING ING. ACE should be stated EXACTLY. PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY.

should state m of infor-

STATE	OF	MARYL	AND-C	FRTIFI	CATE	OF	DEATH
SIAIE	OF	MAKIL	AND	PEKILLI	CAIL	Or	DEALL

Count	E OF DEATH		PROBATE LIMITE Registration Dist. No.
	e or City Cons	Merland will	HIN CORPORATE Registration Dist. No.
			death occurred in a hospital or institution, give its NAME instead of street and number)
	of rasidance in city or town where	death occurredyrsmos	
2. FULL	11 0.0. 10	Jana Comen	If U. S. Veteran, specify WAR
(a) R	esidence: 40. 718 18	(Usual place of abode)	St., ————————————————————————————————————
PER	SONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II marriad HUSBAN (or) WIF	widowed, or divorced D of E of Clara	miley.	22. Nach HEREBY CERTIFY, that I attended deceased from
6. DATE OF 1	IRTH (month, day, and year)	Jan 22 1854	I last saw h. I m. aliva on Wareh & 19 36; death is sai
7. AGE	Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated abova, atm.
	82 4	3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
ki	, prolession, or particular nd of work done, as SPINNER, AWYER, BOOKKEEPER, etc.	h Ind Ru.	Could Cooled Tiletwoods
	try or businass in which ork was dona, as SILK MILL,	1 0+ 11 -	Will die Grand Gra
JI S	W MILL, BANK, etcdeceased last worked at	Mind / 15 mg	
O Town th	is occupation (month and	11. Total time (yaars) spant in this occupetion 2 Zoxo	29
12 DIDTUDI	CE (city or town) _ Call	when as	Other Contributory Causes of Importance:
	or country)	Va.	Chronic Hyocardily .
13. NAMI	Charles D	owen	arteriosclerosy ?
4 14. BIRTI	IPLACE (city or town)	-)/-,	Name of operation Data of
1	Stata or country)	<i>7 0</i> .	Whet tast confirmed diagnosis? It was there an autopsy?
I	EN NAME Shary &	nayo	23. If death was due to external courses (VIOLENCE) fill in also the following:
	IPLACE (city or town)	To.	Accident, suicide, or homicide?
17. INFORMA (Addr		Bowen)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, O	REMATION OR BEMOVAL	nd pata Ingy 27 1936	Manner ol injury
//	9 . 14.	,0/	Nature of injury.
19. UNDERTA	7	which mo	24. Was disaase or injury in any way related to occupation of deceasad?
20, FILED	my 25,036. D	v.J.O. Frankli	(Signad) W. Horges, or M.

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To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

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N. B.—WRITE PLAIN

The state of the s	CERTIFICATE OF DEATH 4706
1. PLACE OF DEATH	(821a) X
County allegany	Registration Dist. No.
Village or City Lonatoning, and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 24-yrsmos	
2. FULL NAME Mary a. Boy	de la companya della companya della companya de la companya della
(a) Residence: No. Language (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 19 193.6
5a. H married, widowed, or diversed	(Month) (Day) (Yaar)
(or) WIFE of John M. Boyd	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) A and H	Hast saw har falling on here 19 1936 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 10 30 m.
86 4 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wara as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	akohliny -
Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Soluble state of the work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this coveration (months and the coveration (months	Sudden deals.
10. Oate deceased last worked at this occupation (month and year) 1935 spent in this occupation occupation	V
mas as le 1	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) - M. ary land. (State or country)	
13. NAME GENRIE & head	wasis-veerous.
13. NAME Groupe Spens 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JUN JOHNM	23. If death was dua to axternal causas (VIOL ENCE) fill in also the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country) Scotland	Whare did injury occur?
17. INFORMANY Serge albright (Address) To nothing. 4nd	(Specify city or town, county and Stale) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Proseld Coney Constitutore May 21, 1936	Nature of injury
19. UNDERTAKER M., Eichhorn	24. Was disaase or injury in any way related to occupation of decaased?
(Address) Langeming, and	if so, spacify
20. FILEO May 7/ 1936 Dr. I. Oon Jon Resistrar	(Signed) - Vou affor M. D. (Address) Sana Journey
# ** ** ** ** ** ** ** ** ** ** ** ** **	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	[1	Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECE	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis 18 6 19	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- INITS (59) V
County allegany	CORPORATE LIMITS (159) X Registration Dist. No. No. 7 2 3 Shawnee St., 3 Ward
Village or City Constitution of WITHIN	No. 723 Shawnee St, 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Baby Brines	If U.S. Veteran specify WAR.
(a) Residence: No. 723 Shannel An	< St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 25 (Month) (Dev) (fear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, dev. end year) Prom 28 1936	I last saw h im alive on May 25, 19 %; death is seid
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 12 = m.
1 day, - /- /- /- /- /- /- /- /- /- /- /- /- /	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trada profession or particular	Frenchisty (6 mm)
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O Date deceased last worked at this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Lumbaland MA (State or country)	Other Contributory Causes of importence:
I 13. NAME Yhomas Sins	
13. NAME Thomas Sure 14. BIRTHPLACE (city or town) Sude (State or country)	Neme of operation Dete of
	What test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Dete of Injury, 19
2) (State or country) 17. INFORMANT MATHER 18. (State or country)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 79 3 Shawne and	
Word aller Countery Date May 28., 1936	Neture of injury
19. UNDERTAKER Family (Addressed Md.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED May 28, 19 Dr. J. P. Franklin	(Signed) freshammen. M.D.
Registrar.	(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of enset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	3 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1327	Peritonitis	3 days ago
The state of the s	S. II		. = 1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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mation should be carefully supplied.

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Exact statement of OCCUPA-

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1. PLACE OF DEATH County Allegans Village or City Chamberland (IF	CERTIFICATE OF DEATH 4708 THIN CORPORATE LIMITS No	
(a) Residence: No. 4247 enem (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH May 73 (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FAMILY CONTROL OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	22. I HEREBY CERTIFY, That I attended of the control of the contro	deceased from 19.36; death is said
12. BIRTHPLACE (city or town) (State or country) 13. NAME January Mana 14. BIRTHPLACE (city or town) (State or country)	Nama of operation. Oate of	how
(State or country) 15. MAIOEN NAME / Imaged Analoney 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MON M. G. Baywayang (Address)	What test confirmed diagnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:, 19

(Address)

18. BURIAL, CREMATION OR REMOVAL

19 UNDERTAKER Louis Stein Jack md
(Address)

Ma 20 31 Ph 0 D F

d. "

Registrar.

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

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Example I	1	Example II	
The principal cause of death and related causes of importance were 4s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis J' LCEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 6 19:36	July 5,1927	Peritonitis	3 days ago
BUREAUVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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should state item of inforof OCCUPA-PHYSICIANS -WRITE PLAINZY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. fION is very important. m

STATE OF MARYLAND—CERTIFICATE OF DEATH 4709

1. PLACE OF DEATH			93-0	
County Allegany		CTHIN-CORP	PORATE LIMITS Registration Dist. No. 4 Memorial Hospital 21	
Village or City Cumber	and 🔻		St. O	-/ Ward
Length of residence in city or town where	deeth occurrad	VIS MOS	f death occurred in a hospital or institution, give its NAME instead of street and nurs. ds. How long in U.S. if of foreign birth?yrsmos.	mber)
2.6	dv Brown			
TO 2 - 3	W. Va.	· <u>Ł</u>	If U. S. Veteran, specify WAR	,
(a) Residence: No. Flsnei	(Usual place	of abode)	St., Ward. If nonresident give city or town and St) V
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RfED, WIDOWED, O (write the word)	21. DATE OF DEATH	193
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended da	ceased from
6. DATE OF BIRTH (month, day, and year)	lay 2. 18	360.	I last saw has shire on 5 1936	teath is said
7. AGE Years Months	Days	If LESS than f day,hrs.	to have occurred on the dete stated above, at _3.240_mPM •	
75	5	ormin.	were se follows:	Oute of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) We Si	sper	ime (yaers) nt in this pation	Other Contributory Causes of importance:	Sum Sum
# 13. NAME John Brow	vn		Phen	1.00
	est Virg	inia	Name of operation Date of What test confirmed diagnosis? Was there an aut	opsy? Des
15. MAIOEN NAME Unknow	1		23. if deeth was due to external causes (VIOL ENCE) fill in also the following:	
	st Virgi	nia	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Memorial Ho (Address) Cumberland			Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Plece For Field M	Date Ma	1 9 ,1936	Manner of injury	
19. UNDERTAKER & Esterer (Address)	ld - H8		24. Was diseasa or injury in any wey related to occupation of deceased?	10
20. FILED May 9, 1936. 8	r.g.v. 7	Registrar.	(Signad) (Addrass) Casalle Land	hel

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 5.		žr.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 4710
1. PLACE OF DEATH		DRPORATE LIMITS (33) Registration Dist. No. 4
County Allegan	y ;	Registration Dist. No.
Village or City Lan	workersa	No. 2 St., W. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town		os,ds. How long in U.S. If of foreign blrth?yrsmos
2. FULL NAME That	tic Brown	If U.S. Veteran specify WAR.
(a) Residence: No. 15/2	Ttill	St., 3 Ward.
DEDCONAL AND STAT	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC		21. DATE OF DEATH A1
Hemal. Colore	OP IVORCED (write the word)	May 31 ,193 (
5a. If married, widowed or divorced	a marina	(Month) (Day) (Year
HUSBAND of (or) WIFE of	Brown	22. HEREBY CERTIFY, That I attended deceased
A DATE OF BIRTH (mostly down of mostly days)	D.1 - 1001	- I last saw alive on May 31 1936; death is
7. AGE Years Month		to have occurred on the date stated above, at
30	Mussy 1 day,hi	THE PRINCIPAL CROSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNE		Tyoughture 5-1
SAWYER, BOOKKEEPER, etc 9. Industry or business in which	" Honsimpe	
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributory Canses of importance:
12. BfRTHPLACE (city or town)	wolling 21	Safris 10
13. NAME Stalter	N -da	- Not confusated by a prosperal
E	110100	Name of operation
14. BIRTHPLACE (city or town) (State or country)	Unknown.	What test confirmed diagnosis?
15. MAIDEN NAME Statte	i Milster	23. If death was due to external causes (VIOLENCE) fill In also the following:
	N +/	Accident, sulcide, or homicide?
(State or country)	2	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Think!	Smon	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	restend.	Manner of injury
Place Summer Co	and Date Smel 3, 19.3	6- Nature of injury
19. UNDERTAKER Lonio St.	Tim 19me.	24. Was disease or injury In any way related to occupation of deceased?
(Address)	mberland	If so, specify
20. FILED June 2, 1936.	Dr. J. P. Frankly	(Signed) aug of hugos
	Registrar.	(Address) Limber Comment

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis C F V E D	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JUN 6 1996				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT pluods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth? S statement PHYSICIAN RECORD. If nonresident give city or town and State (Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) PERMANENT (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of HEREBY ERTIFY. That I attended deceased from 22. (or) WIFE of 4 certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days proper RINCIPAL CAUSE OF DEATH and related causes of importance ormin. Date of onget 8. Trade, profession, or particular OCCUPATION THISkind of work dona, as SPINNER, of SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work was dona, as SILK MILL, should SAW MILL, BANK, etc ... 11. Total time (years) spent in this 10. Data daceased last worked at no this occupation (month and that occupation ... instructions 8 12. BIRTHPLACE (city or town) (Stata or country) FATHER See 14. BIRTHPLACE (city or town) plain (Stata or country) Was thera an autopsy? What test confirmed diagnosis? be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) will in also the following: in Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or town) (Stata or country) Whera did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods very (Address) OF 18. BURIAL, CREMATION, OR Manner of injury WRITE 202 AUSE mation Natura of injury TION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis

V. S. No. 1

ż

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 4	712
1. PLACE OF DEATH		(127)	T
County alles an	M	Registration Dist. No	4
Village or City 2000t	dury md.	NoSt.,	Ward
l anoth of maidance in either as how where do	V / /Y	death occurred in a horpital or institution, give its NAME instead of street and no included in the long in U.S. If of foreign birth?yrsmos	
Length of residence in city or town where de	ath occurred 10 yrs mos		
2. FULL NAME Servinge	- Henriella	ynes	
(a) Residence: No. 34 PU	(Usual place of abode)	// St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	Auto
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female White	OR DIVORCED (write the word)	Monthly (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Burnes	22. I HEREBY CERTIFY, That I attended d	eceased from
DATE OF SIDE	11.31 1881	I last saw hely alive on may 24 1936	: death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, a 2.43/4 m.	00001110001
55 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	suseurle	Mente Cholesystilis	may
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	/		18
SAW MILL, BANK, etc	1 11 7 11 11 11	-	1930
A0: Date deceased last worked at this occupation (month and	11. Total time (years) spant in this occupation		
year)	oc.upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) CACACACACACACACACACACACACACACACAC	an, md	A A A A A A A A A A A A A A A A A A A	
1 0 10	1 1	wall comme vicialians	
E R.	t	Name of operation Aslerinsterland Date of M	10-22
(State or country)	mass.	Name of operation Date of What test confirmed diagnosis? Was there an a	1
15. MAIDEN NAME anne 0'/C	rele Dundon	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town). Court	to Carbo	Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town). Coccasi	T. Oreland	Where did injury occur?	
17. INFORMANT Bernard	Dug md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL	the state of the s	Menner of injury	
11 M - 1 0 0 1 - 1 1	41 Date May 27, 1936	Menner of Injury Nature of injury	
19. UNDERTAKER J. J. Slur	et, I	24. Was disease or injury in eny way related to occupation of deceased?	no
1- NG+ -1 0	B. Wrighon W. 40	If so, specify (Signed)	М.
20. FILED	Registrar.	(Address)	and
If more b	lanks are needed, address State Registrar	, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	1

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Arteriosclerosis	EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 2 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance.		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WINTE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every MARGIN RESERVED FOR BINDING

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

V. S. No. 1 N. B.—V certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	92
County allegany	Registration Dist, No.
Village or City 6 Charles 1 C. T. A.	, No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL Withte / alhern Clas	leman X
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX. / 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jemale white widowed	May 3, 193 (Worth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of John & closlernan	122. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 10-1867	Mast saw her alive on Mass 3 1, 19 3 4, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
10179 34 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trace, p dession, or particular	acuto wildow
Kind/of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Defendant of the second
9. Industry or business in which work was done, as SILK MILL,	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	
13. NAME Salan Research	(
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Marie & ogsdam (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Pito ter Cenelary Date May 6, 1936	Nature of injury
19. UNDERTAKER & Lacator	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20 FILED 5-5 1936 Q.R. (Waller)	(Signed) M. D.
Registrar.	(Address) Resorbilor 6. Con

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Cerebral hemorrhage JUN 2 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

SEE S	ADDITIONA SECOND CERTIF	L SPACE F	OR FURTHER JULY	STATEMENTS 22, 1936	BY PHYSICIAN changing items	6	and	7,
fi	Led under Dr.	S. E.	ENFIELD	L.				

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4714
1. PLACE OF DEATH	IMITE (4-E)
County Allegamy.	CORPORATE LIMITE W-E Registration Dist. No. 4
Vinage of Oily	The state of the s
11.17	death occurred in a hospital prinstitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Barbara Congheron	If U. S. Veteran, specify WAR
(a) Residence: No. Jo Garagette (Vaual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed-or divorced HUSBAND of (or) WIFE of How. A. Conghenour	22. I HEREBY CERTIFY. That I attended deceased from 1936 to may 13 1936
6. DATE OF BIRTH (month, day, and year) 1887 7. AGE Years Months Days II LESS than	to have occurred on the date stated abova, at 99 m.
about 49 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Iollows:
8. Trade, prolassión, or particular kind ol work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Carculacia of J. M.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) browberland (Stata or country)	Other Contributory Causes of Importance:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	accept of anything
14. BIRTHPLACE (city or town) Completely (Name of operation ab-dances to fel Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Amalana Rule	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
(State or country) Md.	Where did injury occur?
17. INFORMANT MIL Courghenon. (Address) 701 Familie St.	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place to Liter & Panels Carde De 16, 19 86	Manner of injury
19. UNDERTAKER domis Stem Jord .	24. Was disease or injury in any way ralated to occupation of decaasad?
20. FILED May 15, 1936. Dr. J. P. Frankli Registrar.	(Signed) Not It was M. D. (Addrass) Curu bro fur mus M. D.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	6 100	1914	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	JUN O 100	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	Saly 5, 1927	Peritonitis	3 days ago	
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

5

Date of preet

BINDING FOR MARGIN RESERVED

state of infor-OCCUPAshould Jo S statement PHYSICIAN PERMANENT RECORD. Exact classified. certificate. properly pe Jo back may should that instructions terms, See plain carefully important. DEATH pe should very OF WRITE 00 CAUSE mation LION

WITHIN CORPORATE LIMITS ST.C. 1. PLACE OF DEATH ALTEGANY County (If death occurred in a hospital or institution, give its NAME intend of street and number) Length of residence In city or town where death occurred _______wrs_____mos,_____ds. How long In U, S, if of foreign birth? 2. FULL NAME WILLIAM COOPER If U. S. Veteran, specify WAR. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) MALE (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. THOMAS (or) WIFE of 8 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at ... 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance 0 10 or min. were as follows: 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc..___ CCUPATION 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc..... 16. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation ___ 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME GRIBETTE Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME due to external causes (VIOLENCE) fill in elso the following , suicide, or homicide? Date of Injury 16. BIRTHPLACE (city or town) ____ (State or country did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT ERLAND. (Address) 18. BURIAL, CREMATION, Manner of Injury Date May 11 1936 Nature of injury 24. Was disease 19. UNDERTAKER (Address) If so, specify (Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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and related causes	Date of onset	m · · · · · · · · · · · · · · · · · · ·	
		The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
JUN 6 100.	1921	Run over by street car	1 week ago
BUREAU V.	July 5, 1927	Peritonitis	3 days ago
	- 33		
importance:	The same of	Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
		JUN 6 183. 1915 1921 1927 1945 1927	JUN 6 103. 1921 Run over by street car July 1927 Peritonitis importance: Other contributory causes of importance:

AGE should be stated EXACTLY.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1 ä ż

PHYSICIANS should state

properly classified. Exact statement of OCCUPA-

4716

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	owr 	BLIMITS ST X	
County Gliegan	WITHIA	Registration Dist. No.	
Village or City Onaconu	26	No. Richards Falm St.,	Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Rose	marie Daw	sou If U. S. Veteran, specify WAR	
(a) Residence: No.		St Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	R DIVORCED (write the word)	21. DATE OF DEATH (ay) 10 (193)	(Arear)
5a. If married, widowed, or divorced HUSBAND of		<u> </u>	
(or) WIFE of		22. HEREBY CERTIFY. That I attended decease May 10 136 May 10	ed from
6. DATE OF BIRTH (month, day, end year) May	, 10'36	Hast saw h Dr Hive on Skiellow 5/10 19 36; deat	h is seid
7. AGE Years Months	Oays If LESS than	to heve occurred on the date stated above, at 5:15pm.	., 10 0010
Stellan	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	
9 Trade profession or particular		Oate	ofonset
SAWYER, BOOKKEEPER, etc.	we	V Meinaturity 5/	936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		13	
10. Oate deceaped last worked at this occupation (month end year)	11. Total time (years) spent in this		
Zerrac	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) Me C			
13, NAME Opseth Will	in Down		
13. NAME Goseff Will 14. BIRTHPLACE (city or town) Mill	Panal	Neme of operation 2000 Date of	
(State or country)	icl.	What test confirmed diegnosis? Cleaned Was there an aulops	1770
15. MAIOEN NAME Lottie &	reelia Ellais	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:	- 1
15. MAIOEN NAME Lottie Ceelia Ellais 16. BIRTHPLACE (city or town). Burling for		Accident, suicide, or homicide? Date of injury,	19
S (State or country) W. Wa		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AND WAR WAY MEDICAL STREET STR		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
		Manner of injury	
Piace Tuff 1 100	te 1009// ,1903	Nature of injury	
19. UNOERTAKER FACHES		24. Was disease or injury in any way related to occupation of deceased?	
(Address)		If so, specify Poss A Stiles &	Harri
20. FILED May 11, 136 DV 6. Vou for Registrar.		(Signed) (Signed) (Address) Thorteen, Md.	M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS

stated EXACTLY.

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-WRITE PLAIL

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

4717

1. PLACE OF DEATH		(93-c)	
County allegan	S.	Registration D	ist. No. 6
Village or City near 24	esteenbort ms	No.	St., Ward
Length of residence in city or town who		death occurred in a hospital or institution, give its NAME in the last of the	instead of street and number)
2. FULL NAME Pales	+1/2	1	
	Lyanee grays	If U. S. Veteran, specify WAR	
(a) Residence: No. M	(Usus place of abode)	St., Ward.	ve city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	20, 193 (C) (Yeer)
5a. If married, widowad, or divorced HUSBAND of	0 0 1 1 1		
(or) WIFE of Nolly Mice	heal Nayton	april 20, 136 to M	That I attended deceased from any 20, 1936
6. DATE OF BIRTH (month, day, end yeer)	Jan 31.1854	I last saw ham alive on may 19	, 19.3.6.; death is said
7. AGE Yaars Months	Deys If LESS then I day,	to heve occurred on the dete steted above, at 1.1	Am.
82 3	20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	Of Importance
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	F.	Crure Neuroses	7545/
	I aranes	gangnene of feet	4-20.36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	tarm.	nri my feareur	CR
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this 66 free		
12. BIRTHPLACE (city or town) W. He (State or country)	steinport.	Othar Contributory Causes of importance:	
1 11 01	Parton!		
H 13. NAME So W 1	Til a accordi	Nama of operation	D.A. of
(State or country)	Ly 10 Court 20	/What test confirmed diagnosis?	Was there an autonou?
15. MAIDEN NAME Thilade	elphis Warvood	23. If death was due to external causes (VIOLENCE) fill	
16. BIRTHPLACE (city or town) 10	H Knows	Accident, sulcide, or homicide? De	
(State or country)		Where did injury occur?	
17. INFORMANT) Harf (Address) Harf	S. Dayton .	Specify whather injury occurred in INDUSTRY, in HOM	ewn, county and State) E, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	313	Manner of Injury	
Place Mesternport	mai Date May 2 2, 1936	Natura of injury	
19. UNDERTAKER (Address)	ral ma	24. Was disease or injury in any way related to occupati	on Mecaased? 20
20, FILED May 20, 136 (Haj buy 1 112 Registrar.	(Signed) & Norman /	Leone M.D.
	Acgistrar.	(Mayress) - 10. 32 35 25 26 . RV Col . W.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IRECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS

should state of OCCUPAof infor-Exact statement Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of

MARGIN RESERVED FOR BINDING

mation should be carefully supplied.

TION is very important.

N. B.-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.		F DEATH				PAT	E LIMITS 137	20		11
	County Village pr	Alleg	Cumber	land	WITHIN COR	PUDA	E LIMITS (37) Memorial	Registration Hospi	Dist. No.	7
		sidance In city	or town whera dea	ath occurrad	(]f	death occum	red in a hospital or institution. How long in U.S. if o	tion, give its NAM	E instead of street an	d number) .mosds.
2.	FULL NA	VIALET	ert Cl				If U. S. Veteran,	specify WAR		
	(a) Reside	nce: No.	Sulphe	r, W. Va (Usual place	a of abode)	St.,	Ward.	If nonresiden	t give city or town a	nd State
	PERSO	NAL AND	STATISTIC	CAL PARTI	CULARS		MEDICAL CI	ERTIFICAT	E OF DEATH	
3. SE	M.	4. COLOR W		s. single, mar orthicars	RIED, WIOOWED.	21. DA	TE OF DEATH	5-	20-	, 193 (Year)
5a. 11	married, wido HUSBANO of (or) WIFE of	wed, or divorce Matti	e Lyon			22.	- 7	CERTIF	Y, Thet I attende	ed deceasad from
6. D/	TE OF BIRTH	(month, day, a	nd vear)	May 19	. 1872	l lest saw	h ista alive on	19.36, to	T - 3	6 death is said
7. AC	E Ya	ars 4	Months O	Days 1	If LESS than 1 dey,hrs. ormin.		occurred on the date state		an:	
HON	kind of SAWYE	ession, or parti work done, es R, BOOKKEEPE	SPINNER, R, etc	Merchai		top	D	lones	Lrt	Date of onset
CUPA	Work W	business In was done, as SIL LL, BANK, etc. sed last worke	K MILL,	l 11 Total t	ime (years)	ex	state f	prost	ulitio	De.
J	this occ	upetion (month	end	spe	nt in this upation					R
12. B	IRTHPLACE (c	intry)			w.Va.	Others	entributory Causes of Impo	ytanca:	rophy	3
ER	13. NAME	Joseph	n Dixon			O	Browie	ure	mia	
FATHER		E (city or town r country))E1	k Gard	en W. Va.		operation	Elan	Date of Was there a	_
出	15. MAIDEN NA	AME .	Annie B	ragg			h was due to external cau			
MOTHER	16. BIRTHPLAC (Stata o	E (city or town r country))	Pa	·	1	sulcide, or homicide?		. Date of injury	,19
17.11	(Address)			irlingt	on, W.Va.	Specify w	whether injury occurred in	(Specify city of INDUSTRY, In H	or town, county and S OME, or in PUBLIC	tate) PLACE.
18. B	URIAL, CREMA	tion, or rem Lk Gar	oval Net den, W. V	hkin C a Ma	em. y 23/36	Manner o	of injury f injury			
19. U	NDERTAKER (Address)	4.1.		I.Va	ms	24. Was di	isaasa or injury in any w	ay related to occu	pation of deceasad?	To.
20. F	ILED Mai	120,19	36.XN	P. Fr	anklin Registrar.	TSign	(Addrass)	Will	lismo	2 M.D.
	0		If more bl	anks are needed,	address State Registrar,	2411 N. Che	arles Street, Baltimore, Re	questing U. S. No). I.	

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Example I E I V E I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4779
1. PLACE OF DEATH	92-0
County allegance	Registration Dist. No
Village or City Long Wal	No. St., Ward death occurred in a hospital or institution, give its NAME justead of street and number)
1.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tokan who Duck	
(a) Residence: No.	7 Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR DACE OR DIVORCED (write the rord) Contact of the rord)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Angre Robinette	may 30, 1936, 10 may 30, 1936
6. DATE OF BIRTH (month, day, and year) and 7	I last saw his alive on Tayay 30 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at4Pm.
61 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Birade, profession, or particular	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardiac decompanieta
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and spant in this occupation occupation occupation occupation	ON CASE OF A Constitution
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	Chrone Indocarditio
13. NAME Horses Durboals	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 270
15. MAIDEN NAME Carrier Coss 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Lawrence Control (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place de de la	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
(Address) Q Q Acada a la 60	(Signed) M. D.
20. FILED CO - 2 , 19.36 CC . IR. 1 VV atolile la . 10. Registrar.	(Addiess) Italians Il Cal
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-11	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUL 1 1930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
220				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

em of infor-

-WRITE PLAI

STATE OF MARYLAND—CERTIFICATE OF DEATH 4720						
1. PLACE OF DEATH	7.7.7.7	Registration Dist. No. H				
County ALLEGA						
Village or City CUMBERL		conformerval Hospt st, 6-/ Ward death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of residence in city or town where death	occurredyrs,mos	ds. How long in U.S. if of foreign birth?mosds.				
2. FULL NAME ETTA FL	ORENCE DURST	If U. S. Veteran, specify WAR				
(a) Residence: No. GRANTSV	(Usual place of abode)	St., Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) STNGLE	21. DATE OF DEATH May 13, (Day) (1936 (Year)				
5a. If married, wildowed, or divorced HUSBAND of	the ale at 5 km decided					
(or) WIFE of		1 HEREBY CERTIFY, That I attended deceased from				
6. DATE OF BIRTH (month, day, and year)	SEPT. 30,/934	I last saw har alive on hay 13 ,19.36; death is said				
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, et 11:45m. A. I.				
1 7	13 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1 II Tabilitina (conse)	Orente Shrineroller May Neghritas Decreations 1st				
this occupation (month end	II. Total time (yeers) spent in this occupetion	Proceeded by acute tonsillities. Direction ?				
12. BIRTHPLACE (city or town) Maryla (State or country)	nd	Other Contributory Causes of Importence:				
置 13. NAME William F	. Durst					
13. NAME William F 14. BIRTHPLACE (city or town) Mar (State or country)	vland	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?				
15. MAIDEN NAME Alice Rai	lev	23. If death was due to external causes (VIOLENCE) fill in also the following:				
15. MAIDEN NAME Alice Rai 16. BIRTHPLACE (city or town) Lary 1 (Stete or country)	U.	Accident, suicide, or homicide? Date of Injury19				
17. INFORMANT Nemorial Ho (Address) Cumberland	spital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL Place Services Services	Date 5 - 15 , 1935	Manner of injury				
19. UNDERTAKER Num OKKIN (Address) yamanas	there of	24. Was disease or injury In any way related to occupation of deceased?				
20. FILEO May 14, 1936 Dr. J	. P. Franklin Registrar.	(Signed) M. D. (Address) Current M. D.				
Of the state of th	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Example I	==1	Example II		
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Chronic interstitial nephrifis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	S. July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

7		

should state of infor-

PHYSICIANS

stated EXACTLY. properly classified.

should be

AGE

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNDERTAKER

(Address)

mation should be carefully supplied.

B.—WRITE PLAI

Exact statement of OCCUPA.

1. PLACE OF DEA CountyA Village or City	TH llegany Cumberla city or town where de	and, Md	orthwa (ffmos in ., City	CERTIFICATE OF DEATH 4721 Registration Dist. No. 4 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	
PERSONAL AT	ND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	White	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH May 2, 1936 (Month) (Dey) (Yes	6 ar)
6. DATE OF BIRTH (month, d	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. 1436			22. HEREBY CERTIFY. That I attended deceased to 193 to 195	36.
7. AGE Years 8 Hours	Months	If LESS then 1 day, Bhrs.		to heve occurred on the dete steted above at 12:09. Midnight The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
	EPER, etc	***		Prematurity	ouset
9. industry or business work was done, as SAW MILL, BANK,	n which SILK MILL, etc			J	
SAW MILL, BANK, 10. Dete deceased last w. this occupation (m. year)	onth end		ne (yeers) In this etion		
12. BIRTHPLACE (city or town (Stete or country)	Cunb	erland,	Md.	Other Coutributory Causes of importence:	
□ 13. NAME A 11	en Elbin			/	
14. BIRTHPLACE (city or town) Maryland (Stete or country)				Name of operation. Whet test confirmed diagnosis?	
15. MAIDEN NAME	Edna Bra	nnon		23. If deeth wes due to external causes (VIQL ENCE) fill in also the following:	
15. MAIDEN NAME Edna Brannon 16. BIRTHPLACE (city or town) West Virginia (State or country)				Accident, suicide, or homicide?	
(Address)	morial Ho Cumberla	ospital nd, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR	REMOVAL.	ne	- /	Menner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

24. Wes disease or injury in eny way related to occupation of deceesed

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			100	

-WRITE PLAINAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA. Exact statement properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be

certificate.

TION is very important. See instructions on back of

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	THIN CORPORATE LIMITS DE Registration Dist. No.
County Alegany	Registration Dist. No./
Village or City Cumberland, Md.	No. allegany Hose. 4 Ward
Length of residence in city or town where deeth occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
lu o · la	foller, 15 min.
2. FULL NAME / he Desige Jan	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced	
(or) WIFE of John Hants	12:15 AM May 9 1936 to 1:10a.7n May 9 1936
6 DATE OF BIRTH-Month day and year Oct 31-1877), 10
6. DATE OF BIRTH (month, day, end yeer) VCT. 31 - 101 7. AGE Yeers Months Devs If LESS than	to have occurred on the dete steted above, at 1:109.m.
and I dev. hrs	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
3 0 1 0 ormin.	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Banker but
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done as SII K MIII	The state of the s
The Committee Danie of the Committee of	
to. Oate deceesed lest worked et this occupation (month and 9 3 6 spent In this occupation)	
, , , , , , , , , , , , , , , , , , ,	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	Le & duthant Old heepen 3
	Start of the start
13. NAME Marshall Crawford	
13. NAME Marshall Crawford 14. BIRTHPLACE (city or town) Keyser, W. Va	Neme of operation
(Stete of Country)	What test confirmed diagnosis? Currie of the Westhere en autopsy? No.
t6. BIRTHPLACE (city or town). Keyser, W. Va	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
5 to. BIRTHPLACE (city or town) / Keyser, W. Va	Accident, suicide, or homicide? Oate of Injury,19
State or country)	Where did injury occur?
17. INFORMANT John Fanto (Address) Piedmont W. Va	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece VISUS port, Ind Oate May 11, 1906	Neture of Injury
19. UNOERTAKER Fredlock Undertaking C (Address) Piedrock Undertaking C	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILED May 11, 1936 Ar J. P. Frankling. Registrar.	(Signed) To Share M. O. (Address) 19 Beofra St. Curbering, ha
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
a, more vanno are necaca, audress State Registrat,	2411 11. Umited Street, Dattimore, Requesting U. S. IVO, 1.

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1	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance:	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

70		/	, , , , , , , , , , , , , , , , , ,
This patient sens to allegay Hors	wor at	11:55 pm.	May 8, 1936
T1051 Palse 158 Muconcerns	Devi from	Kengon	W.Va
by Dr Robert Bass.	0		4
			Doshams

should state of OCCUPA.

PHYSICIANS

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement

m of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

4	7	9	- 1	
- 65		~	U	

1. PLACE OF DEATH	THE LINIT
County allegans	Registration Dist. No. 4
Village or City Carbberland	
Length of residence in city or town where death occurred	(If death occurred to a horpital or institution, give its NAME instead of street and number) nosds. How tong in U.S. if of foreign birth?
2. FULL NAME Susan 1.76	K
(a) Residence: No. Grenablow my	9 St., = Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Ddy) (Year)
5a. If married, widowed, or divorced HNSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Exact date	May 8 36
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 3: 250 m.
about 74 fday,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Arterioscherotie Cardio - Vascular Par
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	chronic suphritis 1925
f 0. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) West Va	Other Contributory Causes of importance: The acruia fal. 1836
W 13. NAME Simon Constat	
14. BIRTHPLACE (city or town) Wash Va	Name of operation
15. MAIDEN NAME ogan Elltritz	What test confirmed diagnosis? Was there an eulopsy? 23. if death was due to external causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homloide? Oate of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Johns Fleak (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL_CREMATION, OR REMOVAL	Manner of injury
Adoland for M. Wa Date May 0, 19.3	Nature of injury
19. UNDERTAKER (Addisss)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO May 9, 19 36 Dr. J. P. Frankle	(Signed) Company M. D. (Address) Manharland M. D.
If more blanks are needed, address State Registr.	at, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Example I	il	Example II		
The principal cause of death and related cau of importance were as follows:	7	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	. //			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	12.1	PHISICIAN

	County	ALLEG CON	BERLA	ND,MD.	HTWENGET	AL HOSPITIL Registration Dist. No. 7 No. 3t, 6 death occurred in a hospital or institution, give its NAME instead of street and n	-1
	Length of resi	_			yrsmo	sds. How long in U.S. If of foreign birth?yrsmo	
2	(a) Residen	45	aby Fr	om. Derson i	BLVD.	UMBERLAND N. Weteran, specify WAR St., Ward.	
-	(a) Nesiden	ce. 140		(Usual place	of abode)	If nonresident give city or town and	State
				ICAL PART		MEDICAL CERTIFICATE OF DEATH	
3.	MALE	4. COLOR	OR RACE		RIED, WIDOWED, D (rwrite the word) Le	21. DATE OF DEATH MAY 1, 1936 (Month) (Day)	, 193 (Ye
5a.	HUSBAND of (or) WIFE of	ed, or divorce	bed			22. I HEREBY CERTIFY, That I attended of Spirit. 39 1936 to Say 1	leceese
6	ATE OF BIRTH	month day	and year)	APRIL	29,1936	I last saw house alive on May 1976	, 19
1	AGE Yes		Months	Days	If LESS than 1 dey,hrs.	to heve occurred on the date steted ebove, at 3-, 50 - m M . The PRINCIPAL CAUSE OF DEATH and related causes of importance	, 000
OCCUPATION	SAWYER	vork done, as BDDKKEEPE	SPINNER, R, etc		(01	apen Forence Avale	Date
UPA	9 Industry or work was SAW MII	business In w	hich K MILL,	mone			
000	1D. Date deceas		d at	spe	ime (years) nt in this upation		
12.	BIRTHPLACE (ci		MARYLA	ND		Other Contributory Causes of importence: Atclastasis (Aulususus)	
ER	13. NAME IVA	ORRIS	FRAM				
FATH	14. BIRTHPLACE (State or	(city or town	MARY	LAND		Name of operation Dete of What test confirmed diagnosis? Was there an a	
ER	15. MAIDEN NA	ME ID.	A GERS	ON		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHE	16. BIRTHPLACE		MARYL	AND		Accident, suicide, or homicide? Date of injury	, 19
		country) CUMBE	RLAND,	MD. OSPITAL		Where did injury occur?	CE.
18.	BURIAL, COMAT	2 Pro	1 Cem	/ Date San	1 1 ,136	Menner of injury	
10	UNDERTAKER .	7	in Att	in , 901	e.	24. Was disease or injury in any way related to occupation of deceased?	2

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

STATE OF MARYLAND—CERTIFICATE OF DEATH

should state of OCCUPA. PHYSICIANS LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PLAIN

MARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important.

1. PLACE OF DEAT	H			- IMITS V	
County	Allegan	у	الماتلات المستعدد	HIN CORPORATE LIMITS . Registration Dist. No. 4	
Village or City	Cumberl	and.	Md	No. 212 S. Mechanic & St. St., death occurred in a hospital or institution, give its NAME instead of street and	5 Ward
The same of the same			(If	death occurred in a hospital or institution, give its NAME instead of street and	
		.Fricke			10305.
2. FULL NAME			~	If U. S. Veteran, specify WAR	
(a) Residence: No	Cumbe	rland.		St., Ward. If nonresident give city or town an	d State
PERSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR	OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
	hite		Gwrite the word)	May 26.1936	2, 193 (Year)
5a. If married, widowed, or divord HUSBAND of (or) WIFE of	John.C.	Frickey		22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day,	end year)	June.7	1879	1 lest saw h 2 alive on May 26 1936	, 19 <i>3</i> _6_
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4,4,2, m	
56	11	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	Date of onset
8. Trade, profession, or per kind of work done, a: SAWYER, BDDKKEEP	S SPINNER.	Н	use wife	Peritoritis	- Hay 20
Industry or business in	which				
work was done, es SI SAW MILL, BANK, et	LK MILL,				
1D. Date deceased last work this occupation (mont year)	ed et th and	spei	me (years) nt in this pation		
12. BIRTHPLACE (city or town)	Wva			Other Contributory Causes of importance:	Intay to
(State or country)	es N.Fo	rman.			
		W.	7.9		
14. BIRTHPLACE (city or tow (State or country)	/n)		a	Name of operation	
	nna. Gu	tty		What test confirmed diagnosis? Was there an	
		Wva		23. If death wes due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or tow (State or country)	(n)		**	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
	n.C.Fri Cumberl			(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, DR RE	MOVAL		29 1936	Manner of Injury	
	ohn.C.W			Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify	Mo
20. FILED may 28, 19	36. Dr	J. P. 71,	Registrar.	(Signed) Willeam R Foard	M. D.

If more blanks are needed, address State Registrar, 2411 N. Chartes Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example T	11 6	Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

of infor-

N. B.-WRITE PLAN

STATE 1. PLACE OF DEATH	OF MAR	YLAND-	CERTIFICATE OF DEATH	1726
County allegany	•		Registration Dist. No.	7
Village Dr City Borth	en yan	hel.	NDSt.	
Length of residence In city or town w	here death occurred	yrsg.mos	f death occurred in a horpital or institution, give its NAME instead of street ids. How long in U.S. if of foreign birth?yrs yrs	aud uumber) mosds.
2. FULL NAME MIS	carrie	ege	If U.S. Veteran apecify WAR	
(a) Residence: No. 130	(Usualplace	dul of abode)	Ward. If nonresident give city or town	and State
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE		RRIFD, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 3 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	searre	agu	22. HEREBY CERTIFY, That I atter	
6. DATE OF BIRTH (month, day, and year)	5-1-	-36	I last saw h	
7. AGE Years Month	s Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOUKKEEPER, etc	1	l ormin.	were as follows:	Date of oneet
kind of work done, as SPINNER SAWYER, BOURKEEPER, etc 9. Industry or business in which work was done, as SILK MHLL SAW MILL, BANK, etc	2_ 1		•	
ID. Date deceased last worked at this occupation (month end	spa	time (years) ent in this	7	
12. BIRTHPLACE (city or town)	lu Cron	mation	Other Coutributory Causes of importance:	
(State or country)	iony.	7		
I4. BIRTHPLACE (city or town)	pewell	Pa:	Name of operation Date	of
(State of country)	1		Whet test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Vella 16. BIRTHPLACE (city or town)	stelman	- mil.	23. If death was due to external causes (VIOLENCE) fill in also the followard of the control of	
17. INFORMANT Lastle	- Quliliu	Tud	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 3	^/	Manner of injury	
19. UNDERTAKER(Address)			24. Was disease or injury in any way related to occupation of deceased If so, specify	2
20. FILED 5 = 1 19 36	a.R. Luc	Registrar.	(Signed) Toollus Us	/ M. D

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To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		143 S	1 year

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 2 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	chuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
11/10/10/30/00/00/00/00	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis JUN 2 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	W 11 E
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 Ä ż

should state of infor-

18

CTATE OF MADY AND CEDTIFICATE OF DEATH

1. PLACE OF	DEATH	21111		Quitside of 948 Registration Dist. No. 4
Village or City	. 17	beeflana	1-gala	Ward in a hopital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 3.6 _yrsmosds.
	nce incity or town where d	leath occurred	00	If U.S. Veteran specify WAR.
(a) Residence	No. 3	(Usual place o	of abode)	St., Ward. If nonresident give city or town and State
PERSONA	L AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
wate	COLOR OF RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Z, 193 (Month) (Day) (Year)
5a. If married, widowed, HUSBANO of (or) WIFF of	or divorced	Him	sh	227 of 1 HEREBY CERTIFY. That I attended deceased from 1985, 136, to 5 - 11 - 1985
6. DATE OF BIRTH (mo	onth, day, and year)	me 4	1894	l last sew halive on, 1990; death is said
7. AGE Years	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12 - ff.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
41		17	ormin.	wage as follows: Chromana Relugion Date of ones 5-20.
8. Trade, profession kind of wor SAWYER, BO	on, or particuler k done, as SPINNER, OOKKEEPER, etc	mer	chant	Colorany occuration 5-20
9. Industry or bus	siness in which	2 64 6	_	
SAW MILL,	one, as SILK MILL, BANK, etc.	ept su	ima (years)	
this occurry	tion (month and	6 spen	nt in this pation	
12. BIRTHPLACE (city of	7	Russi	4	Other Contributory Causes of Importance:
(State or country		. Grazina		
当 13. NAME W.	and 1	Cauff	man	7,-2
	city or town)	JYR.	uma	Name of operation Date of
(01410 01 00	12 -2	A	1.	What test confirmed die more was there an autopsy? Was there an autopsy?
15. MAIOEN NAME	10 essue	MA		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (c	city or town)	masse	2.3	Accident, suicide, or homicide?
17. INFORMANT	Sololph	His	aland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIO	3/- 1/-	terpate Thay	122-,1936	Manner of injury
19. UNDERTAKER (Address)	Louis	Stein	They	24. Wes disease or injury In any way related to occupation of deceasad? LLD If so, specify
7	22,036.Dr	O Patin	rnkli	(Signed) Junermand M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

A	DDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Was there an autopsy?_

(Specify city or town, county and State)

12. BIRTHPLACE (city or town) West Virginia (State or country) Kennedy. John B.

FATHER 14. BIRTHPLACE (city or town) _. Virginia (State or country)

15. MAIDEN NAME Rebecca Hartman.

16. BIRTHPLACE (city or town) Virginia (State or country)

Memorial Hospital and (Address)

19. UNDERTAKER (Address)

24. Was disease or injury in eny way related to occupation of

Accident, suicide, or homicide?_____

Name of operation.

What test confirmed diagnosis?

Where did injury occur?_

Manner of injury

Nature of injury.

If so, specify

Durrett

plain terms.

DEATH

OF

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S CAUSE mation

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MOTHER

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Example I		11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Dai	of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis Comback honorabase		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ju	5,1927	Peritonitis	3 days ago
BUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	Ma	y 1,1923	Gastroenteritis	1 year

state

plnods

PHYSICIANS

EXACTLY.

stated

AGE should be

should be carefully supplied.

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

certificate.

mation

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	IMITED
County Allegany	Registration Dist. No.
Village or City Cumberland, Md. WTHIN	No. Nemorial Hospital St., 6-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs mos	4_ds. How long in U.S. if of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR
(a) Residence: No. 218 Penna Ave City (Usual place of abode)	St., 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH May 18, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Clark	22. I HEREBY CERTIFY, That I attended deceased from 22. 18, 1936, to 2009 18, 1936
6. DATE OF BIRTH (month, day, and year) July 24, 1863.	I last saw have alive on 17, 19 36; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8:30 AM. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Retired	Were as follows: Date of one of the particular
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Diabetes mellitur
10. Date deceased last worked at this occupation (month and year)	Looft Hamplegia 57,8/36
12. BIRTHPLACE (city or town) (State or country) Pennsylvania	Other Contributory Causes of importance:
3 13. NAME Joseph Kerby.	
13. NAME Joseph Kerby, 14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy?
置 15. MAIDEN NAME Rosanna Mock	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME ROSANNA MOCK 16. BIRTHPLACE (city or town) (State or country) Penna	Accident, suicide, or homicide?
17. INFORMANT Memorial Hospital (Address) Cumberland, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL PROPERTY COMPANY 20, 1936	Manner of injury
19. UNDERTAKER Segin Stein Tree (Address bestoned mid.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED May 19, 1936. Dr. J. P. Frrankle	(Signed) (Address) Cumberland, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

Exact statement of OCCUPA.

be properly classified.

CAUSE OF DEATH in plain terms, so that it may

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N. B.-WRITER

V. S. No. 1

	1. P I					CERTIFICATE OF DEATH 4732 PORATE LIMITS MB 20 Registration Dist. No. 44 No. MEMORIAL HOSPITAL SE, 6-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
				death occurred		
		a) Residence: No	07.5	GRAND (Usual place	AVENUE	St., Ward. CUMBERL ND, MD. If nonresident give city or town and State
3	SEX MA		ND STATIST OR OR RACE VHITE	5. SINGLE, MAR	ICULARS RRIED, WIOOWED, D (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH May 12, (Month) (Oey) (Yeer)
	(or)	rried, widowed, or divi SBAND of) WIFE of OF BIRTH (month, de	7.0	lay 9, 1	936	22. I HEREBY CERTIFY. That I attended deceased from May 9/30, 19, to May 12/36. I last saw harmalive on May 12/369; death is said
certificate	. AGE	Yaars	Months	Oays 3	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, at 11:45 m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: Rauly Bulueonary And estimate Management
instructions on back of of	9. I 10. I	Trade, profassion, or p kind of work done, SAWYER, BOOKKE! Industry or businass i work was done, as SAW MILL, BANK, Date deceased last wo this occupetion (mo year) HPLACE (city or town) State or country)	n which SILK MILL, etc	spa	ime (yaars) nt in this upation	Unable to determine the course of the acute pulmorrary congestions a congestions of the Other Contributory Causes of Importence:
See	14. B	BIRTHPLACE (city or to (State or country)				Name of operationOete of Whet test confirmed diagnosis? Wes there an autopsy?
very important.	7. INFOI	BIRTHPLACE (city or to (State or country)	ANNA ROS OWN) MARY ORIAL HO UMBERLA	TLAND SPITAL	YLAND	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
oN is	8. BURIA P 9. UNDE	AL, COMATON, OP lack fath ertaker Address 12	REMOVAL BURN	Stail	y 13., 1936 Tuc Trankl Registrar.	Mannar of Injury Nature of Injury 24. Was diseasa or Injury In any wey related to occupation of deceesed? If so, specify (Signed) (Addrass) (Addrass)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis DS TAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	B.—WRITE PLAINET, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
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	very	ANS	nent	1
	D. E.	SICI	taten	
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	VRT	ation	ISON	ALON is very important. See instructions on back of certificate.
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	1	I		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4733
County allegans	IIN CORPORATE LIMITS (2) Registration Dist. No. 4
Village or City Curnlettand	No. Allegan St., Ward (If death occurred in a hospitator institution, give its NAME instead of street and number)
	los. // ds. How long in U.S. if of foreign birth?
2. FULL NAME/ Celliam . Kunken	Sall If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward. Beako Do Spring 34/5.
(Usual place of abode)	If nonresident five city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO. OR DIVORCED (write the word)	21. DATE OF DEATH
Male White married	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of AND INC. MARRIED AND MARRIED AND MARRIED AND AND AND AND AND AND AND AND AND AN	22. I HEREBY ERTIFY, That I ettended deceased from
(or) WIFE of Manne 11. Tugner 1877	19 1 to Alar 2 1 , 19 3 1
5. DATE OF BIRTH (month, day, end year) May 2-187	I last saw ha ? alive on Man 1974; deeth is seid
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at 35 p.m.
59 55 1 dey,hr	week as follows:
8. Trade, profession, or particular	Carpany Myntonia 5-1.3
kind of work done, as SPINNER, famer SAWYER, BOOKKEEPER, etc	
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc	
this occupetion (month and spent in this occupetion occupetion	
Name of line Ca	Other Contributory Causes of importanca:
(Stete or country)	
13. NAME Michael B Para Reis da	10
14. BIRTHPLACE (city or town) Hamp shire Eq	Neme of operation Oate of
(Steta or country)	Neme of operation Oate of Was there an autopsy?
15. MAIDEN NAME Lard, Ellen Johnson	23. If death was dua to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Pelses Mill	Accident, suicide, or homicide? Dete of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Mus win King Ren Jael	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Berkley Stawigo U.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Asey ser Uf A Date May 6, 197	Neture of injury
19. UNDERTAKER GITMAIRWOOD for	24. Was disease or injury in any way related to occupation of deceased?
(Address) Klypin W.Va	If so, spacify
20. FILED Nay 5 1936 Ar. J. P. Frank	(Signed) & Dawn M. D.
	(444)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephrotis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1930	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	19.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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will be trained, with unitabling that this is a fermanian intercent, every near of more mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	be car	refully	supplied.	AGE	should	d be	stated]	EXACT	LY. P	HYSIC	IANS	should	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ATH	in plai	n terms, s	o that	it ma	y be	properly	classifie	ed. Exac	t state	ment	of OC	UPA-
TION is very important. See instructions on back of certificate.	mport	ant. S	ee instruc	tions o	on bac	k of	ertificat	e.					1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEAT	TH			FIMILS &	D:	r Durre	tt
	County	Alleg	gany		CORPORA	Registration Dist.	No. 4	-
	Village or City	Cumberl	and. Mo	i MITHIN	CORPORATE LIMITS (9)		st., 6	- 2Ward
	Length of residence In ci	ty or town where de	eath occurred	(II)	death occurred in a hospital or institution,ds. How long In U.S. if of for			
2	. FULL NAME	Freder	cick.L.	Laing	If U. S. Veteran, spe	ecify WAR		
	(a) Residence: No	Cumbe	erland. (Usualplace		St.,Ward.	If nonresident give	city or town and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CER	TIFICATE OF	DEATH	
3. 5		r or race hite		RIED, WIDOWED,		Way . 25 . 19	936 (Day)	193 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY C	CERTIFY,		leceased from
6. 1	DATE OF BIRTH (month, day	y, and year)	April	.24.1885	I last saw bern alive on	Tury	ZS 1936	death is said
7. /	Years 51.	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated at The PRINCIPAL CAUSE OF DEATH a were as follows:			
NO	9 Trade profession or particular				arterio se levot	ie Cara	Oio :	Date of onset
UPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	which		0	Laronic	lar to	4	1933
220	10. Date deceased last wor this occupation (more year)	rked at nth and	11. Total t	ime (years) nt in this apation				
12.	BIRTHPLACE (city or town) (State or country)			Md	Other Contributory Canses of importan	nce:	lateties	725/30
ER	13. NAME Frede	rik.J.L	aing				***********	
FATHER	14. BIRTHPLACE (city or to (State or country)	own)	Md		Name of operation		Date of	
ER	15. MAIDEN NAME KS	thran.L	ong.		What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE (city or to	own)	Mđ		Accident, suicide, or homicide?			
17.	INFORMANT	lenry. L Jumberla	aing nd: Wd			(Specify city or town IDUSTRY, In HOME,	or In PUBLIC PLA	CE.
18.		Pauls		27.19,36	Manner of injury			
19.	UNDERTAKER JOH (Address)	n.C.Wol umberlan	ford d. Md		24. Was disease or injury in any way r	related to occupation	of deceased?	
20.	FILED May 26	1936. Dr.	J.P.Fh	anklis Registrar.	(Signed) (Address)	- Beel	2 and	M. D.
	0	If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Reques	sting U. S. No. 1.	/	`

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 6 1930	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

2

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

	County Allegany Village or City Cumberland Md.	Registration Dist. No. 4		
	Village or City Cumberland Md.	No. Memorial Hospital St., 6-2-Wa		
	Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) 3. 19 ds. How long in U.S. If of foreign birth? yrs. mos.		
2	FULL NAME Catherine Elizabeth Lear			
	(a) Residence: No. Long, Md.	St., Ward.		
-	(Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. S	Temale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single	21. DATE OF DEATH May 27, 1936		
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. HEREBY CERTIFY, That I attended deceased from the property of the		
6. [DATE OF BIRTH (month, day, and year) July 21, 1927	1 1 1 1 1 1 1 1 1 1		
7. 1	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.2. 30 m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student	wera as follows: Date of one Date of one		
PATI	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Courses Assiste		
1000	SAW MILL, BANK, etc			
12.	BIRTHPLACE (city or town)	Other Contributory Causes of importance:		
œ	(Stata or country) Maryland 13. NAME Franklin R. Lear.	aplante auema		
FATHER	13. NAME Franklin R. Lear, 14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation Date of Date of		
04	15 MAIDEN NAME Katherine Smith	What test confirmed diagnosis? Was there an autopsy?		
MOTHE	16. BIRTHPLACE (city or town) Maryland (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?		
17.	INFORMANT Memorial Hospital (Address) Cumberland, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR REMOVAL Place Rose Hill Com. Date May 29.19,36	Mannar of injury		
19.	UNDERTAKER J.C.Wolford (Address) Cumberland. Md	24. Was disease or injury in any way related to occupation of deceased?		
	FILED May 28, 19 36. DV. J. V. Frankle	(Signad) When A Washing N		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes—of importance were as follows: Arteriosclerosis RECEIVE		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 6 1936	July 5,1927	Peritonitis .	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of infor-

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4736
1. PLACE OF DEATH	OLOPORATE
County ALLEGANY	Registration Dist. No. 4
Village or City Cumberland.	memorial) tos at \$ 6-1 Ward
	f death occurred in a hospital or institution, give its NAME (astead of street and number)
Length of residence in city or town where death occurredyrs	s16 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME DR. SAMUEL E. LEE	If U. S. Veteran, specify WAR
(a) Residence: No. MT • LAKE PARK (Usual place of abode)	St., Ward. MARYLAND If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED MARRIED	21. DATE OF DEATH NAY 17 (Month) (Month) (Year)
5a. ff married, widowed, or divorced HUSBAND of (or) WIFE of MARY STANGON	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) AUGUST 19-1882	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:45. Pm.
4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, PHYSICIAN	Doroman
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1/2 5:17:36
To: Date deceased last worked at this occupation (month and year)	M Tomo one
12. BIRTHPLACE (city or town) MARYL AND (State or country)	Othor Contributory Canses of importance: Brights' A
E 13. NAME JOSEPH LEE	Talota Mellit
TDUTAND	Name of operation. Plate of
14. BIRTHPLACE (city or town) INDLAND (State or country)	What test confirmed diagnosis? Luxu. Was there an autopsyllo
15. MAIDEN NAME TOA ENGLE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) MARYLAND (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MRS. S. E. LEE (Address) MEMORIAL HOSBITAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL CUMBERIAND MD. 19, 196	Manner of injury
19. UNDERTAKER Parlight C. Leighton (Address) Oalsland, Mith	24. Was disease or injury in any way related to occupation of deceased?
ma 19 36 DD P. Hay 60	(Signed) Notes HAPlance - MA

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 6 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth?_____vrs. Length of residence in city or town where deeth occurred statement 2. FULL NAME If H.S. Yeteran specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH REC 21. DATE OF DEATH 7 3. SEX 5. SINGLE, MARRIED, WIDOWED, E OR DIVERCED (write the word) PERMANENT ans (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of × 1880 H certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Years Months Davs to have occurred on the date stated above. stated 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Data of onsat 8. Trade, profession, or particular THIS kind of work done, es SPINNER, Jo SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 17. Total tima (years) on this occupation (month a spent in this that occupation ... instructions UNFADING 12. BIRTHPLACE (city or town). (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) mation-should be carefully What test confirmed diagnosis?. Was thera an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) OF 18. BURIAL. CREMATION, OR REMOVAL Manner of Injury WRITE 20 CAUSE Nature of Injury. NOIL 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED /May 21 19 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 6 1936	July 5,1927	Peritonitis	3 days ago
WOFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	/		1

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	ECORD.	PHYSI
SINDING	-WRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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MAKGIN RESERVED FOR BINDING	NK-THIS	should be
N KE	DING I	AGE
MAKGI	UNFAI	supplied.
•	, WITH	refully
1	PLADEY	should be co
1	-WRITE	mation s

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARVI AND-	CERTIFICATE OF DEATH 4738
1. PLACE OF DEATH	CERTIFICATE OF DEATH
County aling only	Registration Dist. No.
Village or City	
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrp,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Wellie My full	If U. S. Veteran, specify WAR
(a) Residence: No. 2 4. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LOS 6
ia. If makied, wid wed, or divorced T george &	(Marth) (Day) (Year)
(or) WIFE of Little	1 HEREBY CERTIFY That I attended decessed from
5. DATE OF BIRTH (month, day, end year) Dec 2 3 1878	I last saw 2 alive on 100 19 deeth is sald
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
53 4 /3 1day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and rejected causes of importance were actollows:
8. Trade, profession, or particular kind of work done as SPINNER	derebered Herro stage Date of oneet
kind of work done, as SPINNER, ASAWYER, BOOKKEEPER, etc	·
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME John J Rush	
(14. BIRTHPLACE (city or town) — Pa	Name of operation
15. MAIDEN NAME Heling Sheek	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) md	Where did injury occur?
17. INFORMANT Lilliam mordoff (Address) handuland ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Beford ya Date May 7 , 1936	Nature of injury
9. UNDERTAKE Clins often Inc. (Address) Bullenand md	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED May 1, 1936. Dr. J. P. Frankly Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3-4 94acore	

ADDITIONAL ODACE FOR BURNING OF ATTAMBATIC DV DVINGERA

ADDITION	VAL SI ACE P	JK FUKIHEK	STATEMEN	is bi inis.	ICIAN	

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

N. B.

STATE	OF	MARYL	AND-	-CERT	IFICA'	TE O	F	DEATH	4735
-------	----	-------	------	-------	--------	------	---	-------	------

1. PLACE OF DEATH		- or		
County Cillege	my	WITHIN OPRPOR	Registration Dist. No.	
Village or City Volume	noting		NoSt.,	Ward
Length of residence in city or town whe	ore death actured		f death occurred in a hospital or institution, give its NAME instead of street and numl ds. How long in U.S. If of foreign birth?yrsmos	
CI	-100 +			
2. FULL NAME Stu	eleving	- dottas	V	
(a) Residence: No.	(Usual place	e of abode)	St., Ward. If nonresident give city or town and Stat	e
PERSONAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MA	RRIFD, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY. That I attended decr	nood from
(or) WIFE of			may 1 19 36, to my 1	1936
6. DATE OF BIRTH (month, day, and year)	may 1-	. 36	Hast saw best asked man 1936; de	
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	THE RINGS OF PERSON AND TOTAL COURSES OF IMPORTANCE	ate ol enset
8. Trade, profession, or particular kind of work done, as SPINNER,				110 01 011801
SAWYER, BODKKEEPER, etc			Slifficult Labour	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
ID. Date deceased last worked at	11. Total	time (years) ent in this		
this occupation (month and year)	sp oc	cupation		
12. BIRTHPLACE (city or town) Low	amus	g had	Dther Contributory Canses of Importance:	
(State or country)				
II 13. NAME George I	our			
14. BIRTHPLACE (city or town)	rayla	Lu	Name of operation Date of	
(Otate of country)	0	,	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Slad	dess k	iss	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME SLAND	onew	yud	Accident, suicide, or homicide? Date of injury	., 19
(State or country)		U	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Sur. Loa	N	4	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
(Address)	mym	2		
18. BURIAL, CREMATION, OR REMOVAL	. may	4.1 36	Manner of injury	
Place Place	Date	, 192	Nature of injury	
19. UNDERTAKER			24. Was disease or injury in any way related to occupation of deceased?	
(Address)			If so, specify	
20. FILED Jame V , 136 D	V. Z. Oog	Registrar.	(Signed) A Man william (Address) A Market Ma	M. C
U If n	nore blanks are needed,	, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	H	Example II			
The principal cause of death and related causes of importance were as follows: V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 weck ago		
Chronic interstitial nephritis 182 6	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	H				

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FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
חָי	HIS	be	pe	Jo.
MAKGIN KESEKVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex-	TION is very important. See instructions on back of certificate.
>	Z			

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 4740
1. PLACE OF DEATH		30
County Allegany	**************************************	Registration Dist. No. 4
Village or City Cumber land	Md. WITHIN CO	RPONO. Nemorial Hospital St., 6-1 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death	occurredmos	
2. FULL NAME Still bo	in mil In	tyre if U. S. Veteran, specify WAR
(a) Residence: No. 129 N. I	EE ST CITY (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH May (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
ma ma	.11-1936	1101 1 dead 10 6, to 104 4 , 19 3C
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days If LESS than	I last saw alive on
Stillborn	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Tende profession or posticular		nendurely Intra
9. Industry or business in which	`	Calatin Capuxia
OAN MILL, DANN, OLG.	I	was a second
10. Date deceased last worked at this occupation (month and yeer)	11. Total time (years) spent in this	
	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cumber lair (State or country) Maryland	na d	
13. NAME Andrew McIn 14. BIRTHPLACE (city or town)		Name of operation Oete of
(State of country) Ivial y Latitu		What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME Mary Metcal: 16. BIRTHPLACE (city or town)	f,	23. If death wes due to external couses (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) S (State or country) Mary でしま		Accident, suicide, or homicide? Date of Injury19
(State of Country) War- Vie		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Memorial Hosp (Address) Cumberalnd.	pital Nd	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2	Manner of injury
Place Curbe Conde	ate May 4 , 19 76	Neture of injury
19. UNDERTAKER Memarial Ita	rful of	24. Was disease or injury in any way related to occupation of deceased?
(Address) Currice Cong	O+ 0	If so, specify The Annual of the second of t
20. FILED May 4, 1936, Dr.	J. V. Frank Registrar.	(Address) Carrolella M. D.
molda If more blank	s are meeded address State Periods	AV CL. L. C P. L. P CL. C. AV

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE C	F MARYLAND-	CERTIFICATE OF DE	EATH 4741
1. PLACE OF DEATH		WITHIN CORPORATE LIMITS Registrati	×
County College		Registrati	ion Dist. No.
Village or City Galler	na	ND. death occurred in a hospital or institution, give its NA	St., Ward
Length of residence in city or town where	deeth occurredyrsmos	ds. How long in U.S. If of foreign birth?	yrsmosds.
2. FULL NAME Still bo	m Mead	If U. S. Veteran, specify WAR	**************************************
(a) Residence: No. /) Cla	(Usual place of abode)	St., Ward.	dent give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gyrite the word)	21. DATE OF DEATH	15
Tolan	Single	(Month)	(Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	-	22. LIHEREBY CERTI	IFY, Thet I attended deceased from
1,	V=1021	, 19 C, to	19.3.C
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	1756	I lest sew h elive on	; death is said
I till	Days If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete stated above, at The PRINCIPAL CAUSE OF DEATH and related owere as follows:	ceuses of Importence
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.		Il Millian	Date of onset
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc		homas 71	15-112
10. Date deceased last worked at this occupetion (month and	11. Total time (years) spent in this		
yeer)	occupation	Other Contributory Causes of importence:	A
12. BIRTHPLACE (city or town) (Stete or country)	and	0-1011	304/1000
13. NAME Cast 2	heade	who have	
13. NAME 14. BIRTHPLACE (city or town)	111/	Name of operetion	Date of
(State of country)	100	What test confirmed diagnosis?	Was there an eutopsy?
16. BIRTHPLACE (city or town)	Parlem	23. If deeth wes due to external causes (VIDL ENC	E) fill in also the following:
16. BIRTHPLACE (city or town)	March	Accident, suicide, or homicide?	Dete of Injury
(State or country)		Where did injury occur?	y or town, county and State)
17. INFORMANT (Address)	made In	Specify whether injury occurred in INDUSTRY, in	HOME, or In PUBLIC PLACE.
18. BURIAL, CONSTION, OR REMOVACE	TOW .	Manner of Injury	*************************
Plece Runnig & Klill	ple ney 6, 1936	Nature of injury	
19. UNDERTAKER OULS	Hew due	24. Was diseese or injury in eny way related to oc	ccupation of deceesed?
(Address)	and and	If so, specify	///
20. FILED May 5, 1936. AM	v. J. V. trankler Registrar.	(Signed) (Address)	& Canhand
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S.	No. 1. P. 1

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Examp	ole I EIVE	DII	Example II	
The principal cause of death a of importance were as follows: Arteriosclerosis	nd related causes	Date of priset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	BUREAU V.	5 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
Other contributory causes of in	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

certificate.

See instructions on back of

be

AGE should be

of infor-

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4742
1. PLACE OF DEATH	39)
County allegand	Registration Dist. No.
Village or City Carly 1 md.	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Matilda Straam	Middleton na mid
(a) Residence: No. (Usual place of abode)	Final Water g md, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female white wide wite the word	(Month) (Day) (Year)
5a. If married, widowed, or divorced alexanded middleton	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 7774, 1936
70 11-18/0	Viast saw har elive on 20, 1936; death is seid
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.30 Pm.
67 6 3 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dealitis ?
	Chronic mycarditis ?
SAW MILL, BANK, etc	f
this occupation (month and spent in this occupation coupation	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)(State or country)	يقي ا
13. NAME tolane It . Walt	1
13. NAME 14. BIRTHPLACE (dty or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis
15. MAIDEN NAME Chia & Siville	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT THE Melvine Wadey	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Signed)

May 20,193

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 1926	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V S	July 5, 1927	Peritonitis	3 days ago
L			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

ECOKD. Every ivem of infor-PHYSICIANS should state Exact statement of OCCUPA-

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4743
County alle game.	CORPORATE LIMITS (84) 20 Registration, Dist. No. 4
Village or City Kendhuland WITHIN	/ /// ^ ~
(If	death occurred in a horpitator institution, reve its NAME instead of street and number)
Length of residence in city of teven where death occurredyrsmos.	
2. FULL NAME Fornald Broke Mil	lev If U. S. Veteran, specify WAR
(a) Residence: No. 17 (Usual place of abode)	St., 6-22 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (prite the word)	may 1 1 1936
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sec 4, 1921	last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at _P
14 4 5 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Shot through abdone Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	
SAW MILL, BANK, etc	(acsiderlal)
10. Data deceased last worked at 11. Total tima (years)	
this occupation (month and spent in this occupation occupation	Death was due to accident & not hopicide.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Willers Y. Meller 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME COOTTA R. Jacker 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide on homicide 2000 Data of injury 4726, 1936 Where did injury occur?
91/10-1 & 11:00.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in POBLIC PLACE.
17. INFORMANT (Address) (Address)	Territor alexantes in the state of the restrict of the restric
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / tell crow Cercy Date May # , 1936	Natura of injury There shall around
19. UNDERTAKER Forces Stew duc	24. Was disaase or injury in any way related to occupation of deceased?
(Address) Cumbraland and	If so, specify p
20, FILED May H, 1936. Dr. J. V. Frankle	(Signed) Gly Marilman (Waran)
Q Registrar.	(Address) (umberland, 77 d

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows () V E		of importance were as follows:	Date of onset
Arteriosclerosis	7915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	1 2 2 4
Gallstones	May 1,1923	Gastroenteritis	1 year
III. 11 Salina Allena II. III.			

RESE	
MARGIN	

CORD. Every reem of infor- PHYSICIANS should state act statement of OCCUPA.	Length of residence in city or town where deeth occurredyrsmc	Registration Dist. No. 4 No. Inemorial Hospital st., 6-1 Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds. If U.S. Veteran, specify WAR. St., 3 Ward.	
E H C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NT RECC LY. PH d. Exact	3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH Nay 5 ,193.6 (Month) (Oey) (Yeer)	
BINDING EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LAVERN SHAMLIN	22. I HEREBY CERTIFY, That I attended deceesed from 1936, to heary 1936	
BID PER EX EX Iy c	6. DATE OF BIRTH (month, day, end year) APRIL 15, 1866	I lest saw h alive on 1934; deeth is seld	
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Oeys If LESS then 1 dey,hrs ormin.	to have occurred on the dete steted above, et. 4.30PM. The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were 36 follows:	
NEGIN RESERVED NFADING INK-THIS plied. AGE should be srms, so that it may be instructions on back of	2. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Other Contributory Causes of importence:	
MARGIN UNFADI supplied. n terms, so ee instruct	置 13. NAME Alex Miller		
	13. NAME Alex Miller 14. BIRTHPLACE (city or town) West Virginia	Neme of operation Date of Was there an autopsystem.	
WITH efully in plai	15. MAIDEN NAME Tilda Blackburn	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:	
E PLAINLY, should be car OF DEATH s very import	15. MAIDEN NAME Tilda Blackburn 16. BIRTHPLACE (city or town) (Stete or country) West Virginia 17. INFORMANT Memorial Hospital (Address) Cumberland Md. 18. BURIAL, CREMATION, OR REMDVAL Plece Place Hall Compate Page 1, 1936	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19	
N. B.—WRITE mation s CAUSE TION is	19. UNDERTAKTIONS Stein Tyrange (Address) & bellen Tyrange (20. FILED May 7, 1936 Dr. J. P. Frankle Registrar.	Neture of injury 24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Address) (Address)	

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Example I		Example II	
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Arteriosclerosis JUN 8 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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cem of infor-PHYSICIANS should state of OCCUPA-Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLA

STATE OF MARYLAND	CERTIFICATE OF DEATH ATAR	
1. PLACE OF DEATH	(68)	
County allegant	Registration Dist. No. 6	
Village or City near Hesteraport	AI_	Ward
	s. 13. ds. How long In U.S. if of foreign birth?mosmos	ds.
2. FULL NAME allie Leoma rel	If U. S. Veteran, specify WAR	
(a) Residence: No. Reysel . W. Va ' (Usual place of abode)	St., Ward. If nonresident give city or town and State	/
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH mad 3	1
5e. If married widowed or divorced	(Month) (Day) (Yea	ir)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Nelson	22. I HEREBY CERTIFY. Thet I attended deceesed may 1,1936, to may 3,19	from
6. DATE OF BIRTH (month, day, end yeer) april 5/882	I last saw h. Ar. elive on may 3 ,1934; death l	s seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 1.0.4.m.	
5 4 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were exfollows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Labor Preumonia 4/30	onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		
11. Total time (yeers) spent in this occupation (month and year)		
12. BIRTHPLACE (city or town) Deyper (State or country)	Dther Contributory Causes of Importence:	
13. NAME durand Regales		
The state of	Name of operation Move	
(State or country)		20 11
15. MAIDEN NAME Mary Weddard	Whet test confirmed diegnosis? EXA Mina ti Was there en autopsy?_ 23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:	-10
16. BIRTHPLACE (city or town) (Stetle or country) (Stetle or country)	Accident, suicide, or homicide?	
17. INFORMANT distinctions (Address) Reunolas: md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place legged W. Mole may 5, 1931	Neture of injury	
19. UNDERTAKER N. S. Boal . (Address)	24. Wes disease or Injury In any way related to occupetion of deceased? 24.	
20. FILED May 5, 1936 afayinhaker M	(Signed) (Signed)	M. D.
Kegistrar.	(Address) Giedmond Co	

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	-1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	1. PLACE OF	DEATH	aanss	(3) A 14	U
	Village or Ci	ity Pine	y Grove	No. St., f death occurred in a horpital or institution, give its NAME instead of street and r	Ward
	Length of resid	dence in city or town where	/	ds. How long In U.S. if of foreign birth?yrsm	
	(a) Residence		(Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEXM	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 13 (Month) (Day)	, 193 (Year)
5a	HUSBAND of (or) WIFE of	ed, or divorced	Norris	22. HEREBY CERTIFY, That I ettended	
6.	DATE OF BIRTH (month, day, and year)	Occ. 8, 1861	I last saw have alive on May 13 1936	: death is said
-	AGE Year		Days If LESS than 1 day,hrs. ormin,	to have occurred on the data stated above, at 1/ 9. m.	
NOIL	8. Trada, profes kind of w SAWYER,	sion, or particular ork done, as SPINNER, — BOOKKEEPER, etc.————————————————————————————————————	Farmer	Chronic Nephritis	Date of onset
CUPA		done, as SILK MILL, L, BANK, etc.	Retired	General orterioschrosis	1931
00	this occupyear)	d last worked at pation (month and	3/ 11. Total time (yaars) light spent in this occupation	Other Contributory Causes of importance:	
12	2. BIRTHPLACE (cit (State or coun		upland"	Character Out to the	.023
ATHER	13. NAME	Charles	norres 1	defermans	1932
FAT	14. BIRTHPLACE (State or		anylow	Nama of operation Date of	
02		201	Rabburell	What tast confirmed diagnosis? Was there an a	
OTHER	16. BIRTHPLACE	, , , , , , , , , , , , , , , , , , , ,	st line	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
W	1 (State of	Country)	Price	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;)
	(Address) 3. BURIAL, CREMAT	ONDER REMOVAL O	te Orleans My		
	Placer	Planes Eme	tempora May 15, 1936	Manner of injury	
19	O. UNDERTAKER (Address)	J. P. J.	Hancock Mil	24. Was disease or injury in any wey related to occupation of deceased?	
20	. FILED May	14,1936 95	Marn. Per M. E. Marn. Registrar.	(Signed). (Address) Hancock	M./9

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To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? SICIAN 2. FULL NAME (a) Residence: No PHY (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MAKRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) classified 5a. If married, widowed, or divorced HUSBANO of C.E.B.T I F You That I attended deceased from (or) WIFE of 0 6. DATE OF BIRTH (month, day, and year) certificate. a death is said 7. AGE Years If LESS than Months to have occurred on the date stated above, at ... 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which pluods work was done, as SILK MILL. SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this instructions occupation ... 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER **13. NAME** 14. BIRTHPLACE (city or town) plain (State or country) carefully MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?...... Date of injury............ 19.... DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of Injury_ NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify Registrar. hastille Tilled If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The state of the s	Example I	- , x	Example II	
The principal cause of importance were a	death and related causes) s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 6 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hémorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) CERTIFY. That I attended deceased from Date of onset ----- Was there an eulopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury________ 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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Registrar.

(Signed)

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Chronic interstitial nephritis 2 1996	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF	MARYLAND-	CERTIFICATE C	OF DEAT	H 26	49
1. PLACE OF DEATH		CORPORATE LIMITS	108 1	11	
County allegany	A CKIN	CORPORATE	Registration Dist	. No. 7	
Village or City Educler		INU.	ason	st. 6	-2 Ward
Length of residence In city or town where death		death occurred in a hospital or institutionds. How long in U.S. if of			
) O A	0 00		yrsmc)SQS.
2. FULL NAME George	Hawkens Or	udoff. If U.S. Veteran, s	pecify WAR		
(a) Residence: No. 2.32	(Usual place of abode)	St. 6-2 Ward.	If nonresident give	city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CE	RTIFICATE O		
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	man	tel	1
male white	OR DIVORCED (write the word)		(Month)	(Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	A 00	00 KJ 2 LUEDED V			
(or) WIFE of Zuae Onn	doff.	22. May 3	SERTIFY.	sey all	deceased from
6. DATE OF BIRTH (month, day, and year)	1886	I last saw h alive on	nuy 34	1936	death is said
7. AGE Years Months 0	Days If LESS than	to have occurred on the data stated	abova, at 10P	.m.	,
50 1	16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of	importance	
B. Trade, profession, or particular	1-0-2 × 0A	P.	1	_	Oate of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ell Winglet	Lobor A	nem		muy
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	re Plant	<u> </u>			10
10. Data daceased last worked at	11. Total time (years)				1736
this occupation (month and year)	spant in this occupation				
12. BIRTHPLACE (city or town) Just 5	Levage	Other Contributory Causes of import	ance:		
(Stata or country)	rd.	Cerebral	apople	excy	may
13. NAME John C	Indoff.			1	24
13. NAME 14. BIRTHPLACE (city or lown) (State or country)	buowli.	Name of operation	A	Date of	1736
(State of country)	ramia	What test confirmed diagnosis?	lenual	Was there an a	utopsy? La
15. MAIDEN NAME ELISA 16. BIRTHPLACE (city or Iown)	Guch.	23. If death was due to external caus			
	nteroun	Accident, suicide, or homicide?	Date	of Injury	, 19
(Stata or country)	0 1 00	Where did injury occur?	(Specify city or low	n, county and State	e)
17. INFORMANT Mas mas C	hudoff.	Specify whether injury occurred in	INDUSTRY, In HOME,	or in PUBLIC PLA	ACE.
(Address) 737 Gleason S 18. BURIAL, CREMATION, DR REMOVAL	or and led				
Place Eparsenpallement So 0	ate June 2, 19 38	Manner of injury			
	· Do		related to		
19. UNDERTAKER (Address)	De Judi	24. Was disease or Injury in any way If so, specify	related to occupation	or deceased?	
7 26 Dx 0	P. Den Go	(Signed)	19 aur	MI	M. D
20. FILED (19. 2.1	Registrar.	(Address) 133	Va C	eica	
V If more blank	es are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Regs	vestino V. S. No. z		

MARGIN RESERVED FOR BINDING

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1	Example I		Example II	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				WE THE

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MANGIN RESERVED FOR DINDING	UNFADING
7	TH

7 a 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	ul (31)
M) of	County Allegary WITHIN .	Registration Dist. No.
of OCC	Village or City Lancusburng	NoSt.,War
t w	Langth of residence in city of town where death occurred fyrs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?
PHYSICIANS	2. FULL NAME LIJEPH () ()	vuske_If U. S. Veteran, specify WAR
SIC ate	(a) Residence: No. Workscoming (Watersly	Lest. Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO. PH.	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR/OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
T X X	3. SEX 4. COLOR/OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Ed. T.L.	5a. If married, widowed, br-diversed	(Monty) (Day) (Year)
BINDING PERMANE EXACT y classified te.	HUSBAND OF (Or) WIFE OF Matilda Harley	22. I HEREBY CERTIFY, That I attended deceased from
H ZXT.	6. DATE OF BIRTH (month, day, and year) and 10. 1999	I last saw h As alive on Danary 3 (, 1936; death is sai
R F	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	57 4 2/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SALVER PROMISER PROPERTY OF THE PROPERTY OF	Chronic nephretis
TH.	9. Industry or business in which	
ERVI NK-T should it may n back	work was done, as SILK MILL, wal Mune	
Si H H T o	11. Date deceased last worked at this occupation (month and / / 3 spent in this occupation (coupation cocupation)	
RES NG I AGE that		Other Contributary Causes of Importance:
ARGIN RI NFADING pplied. AGI erms, so tha	12. BIRTHPLACE (city or town) (State or country)	
MARGIN UNFADI supplied. n terms, so	13. NAME (Letter O Bourse	
T D TT	13. NAME Velle (Myrshe 14. BIRTHPLACE (city or town)	Name of operation
Ti di di	(State of country)	What test confirmed diagnosis? Was there an autopsy?
W W efu	15. MAIDEN NAME Mary Bradley	23. If death was dua to external causes (VIOLENCE) fill In also tha following:
	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury ,19
	and mital oil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF DI	(Address)	Q
E PI shou 3 OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation s	Place De Mary's amplesspare James D, 1936	Nature of injury
TEOF	19. UNDERTAKER INIGUELISTORY	24. Was disease or injury in any way related to occupation of deceased? No
S. No.	(Address) Genaconing, Ma	(Signed) Harry to Hodason M.
» ZT	20. FILED MAY & Registrar.	(Address) Longe trass Ind.
	If more blanks are needed address State Periods as	N Charles Street Belliness Brown W. S. N.

1750

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Example I	11	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
LUL SCHOOLSELLE DE LE CONTROLLE DE LE CONTROLL			

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

AGE should be stated EXACTLY.

should state item of infor-

PHYSICIANS

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	RECORD. I
BINDING	PERMANENT
FOR	IS A
SERVED	INK-THIS
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eve
	PLAINLY, WI
1	-WRITE

mation should be carefully supplied.

	. PLACE OF	DEAT	Н	3 -1/-		CORPORATE LIMITS 15 2 0 Registration Dist. No. 4		
	County	ALLE	EGANY		-MHTILL	CORPORATE Registration Dist. No. 4		
	Village or Ci	ty	UMBERLA	ND, MD.		No. MEMORIAL HOSPITAL St. 6-1 Wa		
	Length of resid	lence in cit	y or town where de	eath occurred		osds. How long in U.S. If of foreign birth?yrsmos		
2	. FULL NAM	ME	LAWRENC	E PAUGH				
			DEER PA			St., Ward.		
-45	``			(Usual place o	f abode)	If nonresident give city or town and State		
			D STATISTIC			MEDICAL CERTIFICATE OF DEATH		
3. S	MALE		OR RACE	5. SINGLE, MARR OR DIVORCED	(curite the word)	21. DATE OF DEATH MAY 10, 193 6 (Month) (0ay) (Year)		
5a.	If married, widowe HUSBANO of (or) WIFE of	ed, or divor	ced			1 HEREBY CERTIFY. That I attended deceased from 19 3 6 10 5 10 5		
6. D	DATE OF BIRTH (month, day	and year) N	IARCH 22	. 1914	I last saw h alive on They 7, 19 34 death is sa		
7. A			Months	Oays	If LESS than	to have occurred on the date stated above, at 9:32 m. A.M.		
-	22		1	18	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as torrows:		
ON	Trade, profes	sion, or pa	rticular as SPINNER,	מימוד דות		Graffica 1/24		
Ĕ	9. Industry or b	BOOKKEE	PER, etc.	MINER				
2	work was	done, as S	ILK MILL, tc					
37		d last work	ith and		ne (years) tin this pation			
12.	BIRTHPLACE (city		MARY	YLAND		Other Contributory Calues of Importance:		
20	TO ITAINE		MAF	RYLAND		Name of operation		
FATHER	14. BIRTHPLACE (State or		WII)A(4.54			What test confirmed diagnosis?		
FATH	14. BIRTHPLACE (State or	country)	Y COLTAIN	NS		What test confirmed diagnosis? Was there an automore 23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER FATHER	14. BIRTHPLACE (State or 15. MAIOEN NAM	country) ME MA* (city or to				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
MOTHER FATH	14. BIRTHPLACE (State or 15. MAIOEN NAM 16. BIRTHPLACE (State or INFORMANT	country) ME MA (city or too country) Memo	Y COLLIN	CLAND spital		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
MOTHER FATH	14. BIRTHPLACE (State or 15. MAIOEN NAM 16. BIRTHPLACE (State or INFORMANT	country) ME MA (city or too country) Memo Cu Ion, or R	Y COLLIN	CLAND spital	Md. 1227, 1936	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1 m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorthage	July 5,1927	Peritonitis	3 days ago
JUN 6 1936			
Other contributory causes of limportatice:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County C Village or City

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?___ If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Year)

Date of onset

3 mo.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX S. SINGLE, MARRIED, WIDOWED. OR DAYORCED (write the word) 5a. If married, widowed, or diverced HUSBAND of 1 HEREBY CERTIFY. That I attended deceased from (or) WIFE of may 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 7 30 Pm. Months 7. AGE Years Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _ -12. BIRTHPLACE (city or tow (State or country) HER 13. NAME FAT Name of operation_____ 14. BIRTHPLACE (city or town (State or country) ----- Was there an autopsy?_ What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 16, BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMATION: OR REMOVAL Manner of injury Nature of Injury

19 UNDERTAKER

macourin

24. Was disease or injury In any way related to occupation of deceased? If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING I UNFADING INK—THIS IS A PERMANENT RECOR

AGE should be stated EXACTLY. PHYSICIANS should state o that it may be properly classified. Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	E OF DEAT		r MAR	ILAND	CERTIFICATE OF DEATH
	v AL		WITHIN	CORPORAT	E LIMITE Registration Dist. No.
Village		CUMBERI			No. MEMORIAL HOSPITAL SE, 6 / Ward death occurred in a hospital or institution, give its NAME instead of street and number) As. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL	NAME	THOMAS	PEET.		If U. S. Veteran, specify WAR
	esidence: No.			ARYLAND	St., Ward.
			(Usual place	of abode)	II nonresident give city or town and State
	SONAL AND				MEDICAL CERTIFICATE OF DEATH
MALE		OR RACE	or divorced MARRI	RIED, WIDOWED, D (write the word) ED	21. DATE OF DEATH MAY 26, (Day) (Year)
5a. If merried, HUSBAN (or) WIF	widowed, or divore D of E of A	GNES TH	OMPSON		22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936, to March 26, 1936
6. DATE OF B	IRTH (month, day,	and year) A	UG. 18-	-1872	I last saw h alive on May 264, 1936; death is sald
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, et 9:05 mP • M •
ALL SALES	63	9	8	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
kil	profession, or par nd of work done, a	s SPINNER.	MINER		Duration : say to twongs months
	WYER, BOOKKEEP ry or business in		THE TABLE		I as our millowing
	ry or business in ork was done, as SI W MILL, BANK, et				lutis abdomind
th th	deceesed last work is occupation (mon ar)	th end	spei	me (years) nt in this	Carity: Probably primary in vister
				pation	Other Contributory Capes of importance: wall of transverse colon and
	CE (city or town)	MARY	LAND		mentures also adherent to pourred in
n≥ 13. NAME	ROI	BERT PE	TOT		merous modules throughouts entire obdominal con-
13. NAME	PLACE (city or tow				Name of operation oratory later despety of 5 263
L (S	tate or country)	·II)	T-F1WFW-13		What test confirmed diagnosis? Was tivere an autopsy?
当 15. MAID	EN NAME	JANE	?		23. If death wes due to external causes (VIOLENCE) fill in also the following:
	PLACE (city or tow	sc.	OTLAND		Accident, suicide, or homicide?
<u>></u> (S	tate or country)				Where did injury occur?(Specily city or town, county and State)
17. INFORMAN	ss)	RIAL HO	SPITAL		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, C	REMATION, OR RE		. 4m.	1 29 19 36	Manner of injury
Chlace	MARCH.C	0 1	Date	7,-9,19.08	Nature of Injury
19. UNDERTAI		naca	hom	d	24. Wes disease or injury In any wey related to occupation of deceased?
20. FILED	dy 21 8, 11	36. AL	J. P. Fro	inklin Registrar.	(Signed) M. D. (Address) M. D.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of importance were a Arteriosclerosis	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 0 1930	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	nuses of importance:		Other contributory causes of importance:		
Gallstones	•	May 1,1923	Gastroenteritis	1 year	

S. No.

state OCCI should Jo PHYSICIANS statement RECORD. Exact PERMANENT CTL classified. × 闰 certificate. properly THIS Jo may back on that instructions UNFADING supplied terms. See plain important. DEATH pe plnous Very OF CAUSE B

STATE OF MARYLAND—CERTIFICATE OF ABEA WITHIN CORPORATE 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give it NAME instead of street and number) How long in 6.5. If of foreign birth?_ Length of residence in city or town where death occurre mos. ____ds. If U. S. Veteran, specify WAR, (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I ettended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Months U Davs If LESS than to have occurred on the date stated above, at_ I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or perticular 5-9.36 NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10 Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?__ ----- Was there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?..... Date of injury..... 16, BIRTHPLACE (city or town). (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was diseese or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes bite of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUN 6 1935		1915	Attack of epilepsy_	1 week ago	
Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V S	July 5, 1927	Peritonitis	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY.

mation should be carefully supplied.

PHYSICIANS should state

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No.
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STATE OF I	MARYLAND-	CERTIFICATE OF DEATH	4755		
1. PLACE OF DEATH		(12)			
County Allegary	Uutsid	Registration Dist. No.	4		
Village or City Connain	andle City Li	mite Cost Vally Rd	St., Ward		
Length of residence in city or town where death oc-	2 '''	ds. How long in U.S. If of fo(eigh blrth?yrs.			
2. FULL NAME I'm/ Hem	n Petersoni	nk 1f U. S. Veteran, specify WAR			
(a) Residence: No. Cash	Valles Ro	St Ward.			
(1	Jsual place of aborde)	If nonresident give city or to			
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEA	TH		
3. SEX 4. COLOR OR RACE 5. SIN OR	DIVORCED (write the word)	21. DATE OF DEATH	1936		
5a. If married, widowed, or divorced	mond	(Month) (Day)	(Year)		
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I at	tended deceased from		
owne is w	.1 .2-1	19)5, to lange	1926		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	9.2.6; deeth is said		
40	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Important	ie .		
8. Trade, profession, or particular	/5 ormin.	were as follows:	- Date of onset		
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	ismes.				
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Clem Myrende	e Tank		
	11. Total time (yeers) spent in this		month		
this occupation (month and year)	occupation	OH. 6 - 7 - 6 - 4 - 1			
12. BIRTHPLACE (city or town) Hulling	long p	Other Contributory Causes of Importance:			
(State or country)	la.				
14. BIRTHPLACE (city or town)	elinlamb				
14. BIRTHPLACE (city or town) (State or country)	San day		ite of		
(State of Country)	January .	What test confirmed diagnosis? Was the			
I I I I I I I I I I I I I I I I I I I		23. If death was due to external causes (VIOLENCE) fill in also the for Accident, suicide, or homicide? Date of injury_			
O 16. BIRTHPLACE (city or town) (State or country)	2	Where did injury occur?			
17. INFORMANT PASS 14. PL	tentrink)	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	ind State) LIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	00 00	Manner of injury			
Place Orly Usas, Fas. Dete	June 7, 1936	Nature of injury			
19. UNDERTAKER Armo Stures (Address)	Dre dans	24. Was disease or injury In any wey related to occupation of deceas	ed?		
20. FILED LIVE 21, 1936. DV. J. O	. Frankli Registrar.	(Signed) (Address) #4 Sec Si Calin	M. D.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
]		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAof infor-D. Every I, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-70
County alleggny	Registration Dist. No
Village or City & chland	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurred	27_ds. How long in U.S. if of foraign blrth?yrsmosds.
2. FULL NAME With J. Take	
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR BACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mary 6. Dolainger	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 28 - 1868	I last saw hamaliva on may 26, 1936, death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Frade, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Chronic Muscordile ??
SAW MILL, BANK, etc	
this occupation (month and year) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Rassy Taple	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation.
17-11	What tast confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? Was there an aulopsy? Was there an aulopsy?
15. MAIDEN NAME (6. Lange Control of the control of	Accident, suicide, or homicide?
17. INFORMANT Stray Pape School Solling	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place Detart Date May 29, 1936	Mannar of Injury
19. UNDERTAKER (Addrass)	24. Was disease or injury in any way related to occupation of deceased? PD If so, specify
20. FILED 5-29, 19 36, a.R. Walker us, D. Registrar.	(Signed) M. D. (Addrass) A A A A A A A A A A A A A A A A A A
If more blanks are needed address State Penistran	2411 N Charles Street Baltimore Requesting 9) S No 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: YED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis > 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1.	PLACE OF DEATH _		23 X
	County alles and	ALA HIN	Registration Dist. No.
	Village or City		_NoSt.,
		***	alh occurred in a horpital or institution, give its NAME instead of street and r
	Length of residence in city or town where deeth occurred	yrs. 2 mos.	ds. How long in U.S. If of foreign birth?yrsmc
2.	FULL NAME Joseph Garl	Tresto	**************************************
1	(a) Residence: No. I maple		_St.,Ward.
-	Usual place of		If nonresident give city or town and
- 01	PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
3. 51	4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED C		1. DATE OF DEATH May 140
1	hale W. man	rid	(Mowth) (Day)
5a. I	f married, widowed, or divorced HUSBAND of	22	2 I HEREBY CERTIEY, That I attended
	(or) WIFE of Jula Presto	-1	May 12, 1026, 10 May 14
6 D	ATE OF BIRTH (month, day, end year)	1801	I last saw h Uf elive on May 141 , 1936
6. D		If LESS than t	to heve occurred on the date stated above, et 1:40 P.m.
	41 2 7		The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
1	8. Trade, profession, or perticular	orsituit.	were as follows.
0	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Mind	ev	(Leelmonary Hemorrhace
UPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Probably to Maculasis. Ower
	An fine a second	unes	3
8	this occupation (month and spant	in this 30	
7	year)		Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town)	7-5-1	Impossible to make a more acon
2	(State or country)	, red	Lagrania Inbaculosia Luas most
	13. NAME Gernard, Nel	h-	course of teather
FAT	14. BIRTHPLACE (city or town) Aarolbace		Neme of operation Date of
1-	(State or country)	The state of	What test confirmed diegnosis? Was there an a
- T	15. MAIDEN NAME / Langer Free		23. If death was due to external causes (VIOLENCE) fill In also the following
MOT	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury
-	(State or country)	-4	Where did injury occur? (Specify city or town, county and Stat
	NFORMANT Dermand Ines	lan.	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL
17.	(Address) BURIAL, CREMATION, OR REMOVAL	7	40 N N A
2	Place Date Mara	16 1051	Manner of injury
3	0 /0 /0	4	Nature of injury
19.	UNDERTAKER & & Comments		24. Was disease or injury in any way related to occupation of deceased?
-	(Address) Another	tof,	If so, specify
	FILED 5 - 16 19 36 CC 18 1000	18/100	(Signed) COLONIA X

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 2 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

erm of infor-

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	4758

	1. PLACE OF DEATH	93-2
	County Allegany	Registration Dist. Np. 6
	THE STATE OF 1/2/	No. 40 7 Transmoud St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	2. FULL NAME Mangaret Co sitala Sim	41- R. h.
1	(a) Residence: No. 401 Hammed (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the glord)	21. DATE OF DEATH Tay (Month) (Day) (Year)
	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of John Rankin -	22. I HEREBY CERTIFY, That I attended deceased from may 30, 1936, to May 31, 1936
+ 2 -	6. DATE OF BIRTH (month, day/and year) 7. AGE Yaars Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at 9
of cer	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Les Date of one of Date of One of Date o
back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	Primary Cases Chronic myocordities,
s on	this occupation (month and year) occupation — occupation	Duration: Unknown RABB.
instructions	12. BIRTHPLACE (city or town) Usure Co., W. Va (State or country)	Dithar Contributory Causes of importance:
nstr	13. NAME James Sunkage	Sciles of management
9 !	14. BIRTHPLACE (cit (of town) allegany Co. Maryland (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
1.	15. MAIDEN NAME Naomi Warnick	23. If daath was due to extarnal causas (VIOL ENCE) fill in also the following:
rtai	16, BIRTHPLACE (city or town) Alexander (State or country)	Accident, suicide, or homicide? Date of Injury, 19
ï	17. INFDRMANT Carl Parkin (Son) (Addrass) 3112 westhield are Ralt, We	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
is ve	18. BURIAL, CREMATION, OR REMOVAL Serval Place Western port, Md Date June 1, 1996	Mannar of injury
TION	19. UNDERTAKER W. J. Fredlock (Address) Predmont. W. Va	Nature of Injury 24. Was disease or injury in any way related to occupation of daceased? If so, specify
	20. FILED Jeune 1., 1936 Abayenhaber Mil	(Signed) Lay many of feerel M. O. (Address) westernipant, net
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I VED	l li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis UREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

m of infor-

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4759
1. PLACE OF DEATH	93-0
County Allganif	Registration Dist. No. O
Village or City Mestelen front md	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
WITH Bength a residence in city or town where death occurred 2/ yrs	
2. FULL NAME George - A. Reold	ef 'If U. S. Veteran, specify WAR
(a) Residence; No. 2/2 Hammond.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m. While married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. J.HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of Mary Reckley	march 12 ,136 , may 18 ,136
6. DATE OF BIRTH (month, day, and year) Not 7. 18 7/2	I last saw h ins allve on may 18th 7 - 0 , 1936; death is said
7. AGE Years Months Days IT-LESS than	to have occurred on the date stated above, atm.
63 6 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Carberter faremes	Thronic myocardetes 12-2436
9 Industry or business In which work was dona, as SILK MILL, Paker Mull SAW MILL, BANK, etc.	hypo Stulie Pneumonia
Oata deceased last worked et this occupation (month and year) year) 11. Total tima (years) spent in this year)	
12. BIRTHPLACE (city or town) AOL Suelly	Other Contributory Causes of Importanca:
(State or country)	
13. NAME (harles) Reckley	
14. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margarel Cabb	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Resemble of me	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place La fe Land Darg Oate / May 21, 1936	Nature of injury
19. UNDERTAKER D. J. Jan Jan	24. Was disease or injury in eny way related to occupation of deceased?
(Address) bestemptile ma	If so, specify
20. FILED May 20, 1936 Gagmhaker MO	(Signed Automation of Mades M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I E I V E	DI	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrital BUREAU V.	3. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

BINDING

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	=11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

_	W	mat	CAI
No.	B.—	-	
> >	ż	1	7
		-	- 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4761
1. PLACE OF DEATH	
County allegan	Registration Dist. No.
Village or City Towacoung	No. St., Ward death occurred in a horpital or institution, glyc is NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Robert gray Rober	too. If U. S. Veteran, specify WAR
(a) Residence: No. Water Stiff	St., Ward.
(Usuai plate (Jabode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	5 /2 ,193 6
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Ocssie Anderson Cotentro	I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Saw 11. 1864	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
72 4 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
A Ritrade profession or particular	0.7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Claude Mague Vellors 1/2 hr
Industry or business in which work was dona, as SILK MILL, Co-Lu-use SAW MILL, BANK, etc. 10. Bata deceased isst worked at 11. Total time (years)	
10. Pata deceased last worked at 11. Total time (years)	
this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Souacoung	
(State or country)	theuly Indigestian I hr
13. NAME tobert tobertson	
13. NAME Cobert Fovertoon 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saalelle Wason 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicida, or homicide?
16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
Plata Photos	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT CARREST CONTRACTOR (Addrass)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Valo Hill Guellery Date May 13, 1920	Nature of Injury
19. UNDERTAKER Jacob Hafel	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frostburg-Ma.	If so, specify
20. FILED May 14, 136 h), E. Dru I ylan	(Signed)
Registrar. If more blanks are needed address State Registrar.	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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. Example I		Example II	Zamin press.
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

BIN	
FOR	
RESERVED	
MARGIN	

1	S L PLACE OF DEA		F MAR		CERTIFICATE OF DEATH 4762
1	County All		nd Md.	441	CORPORATE LIMITS Registration Dist. No. No. Memorial Hospital death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence In c	ity or town where da	eth occurred	yrsmos	46_ds. How long in U.S. If of foreign birth?yrsmosds.
2	2. FULL NAME	Mr. Geor	ge J.	Schafer	If U. S. Veteran, specify WAR
	(a) Residence: No.	316 Bon	d St	City of abode)	St., 3 Ward. If nonresident give city or town and State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
		n or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word) O WE C	21. DATE OF DEATH May 8, , 193 6 (Month) (Day) (Yeer)
5a.	If married, widowed, or div HUSBAND of (or) WIFE of	orced Mary Hof	'fman		22. I HEREBY CERTIFY. That I attended deceased from
6.	DATE OF BIRTH (month, da	y, end yeer)	arch 8	1863.	I last saw h 1 m alive on 5-7- 136; death Is said
7.	AGE Years 73	Months 2	Days	If LESS than I day,hrs. ormin.	to heve occurred on the data stated above, at 7:30 m.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
CCUPATION	kind of work done SAWYER, BDDKKE Industry or business i work was done, as SAW MILL, BANK, Date daceased lasf wo fhis occupefion (mo	as SPINNER 16 EPER, etc. 16 n which SILK MILL, etc. 17 orked et onfh and	11. Total fi	chman ma (years) thin this spetion	disease with decompensation?
12.	BIRTHPLACE (city or town (State or country)	Marulan	d		Other Contributory Clauses of importance:
ER	13. NAME Geo	rge F. S	chafer		Denign Mertinophy of Prototo
FATHER	14. BIRTHPLACE (cify or t (State or country)	own)Germa	ny		Name of operation Manual Manua
HER	15. MAIDEN NAME Ma	ry J. He	tzel		23. If deafh was due to axternal causas (VIOLENCE) fill in also fhe following:
MOTHER	16. BIRTHPLACE (city or t (Stefe or country)		ny		Accident, suicide, or homicide?
17. INFORMANT Memorial Hospital (Address) Cumberland. Md.			9 / 8		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL Cem	Date Mo	24/0,103L	Manner of injury
19.	UNDERTAKER (Address)	i 191	eller	I md	24. Was disease or injury in any way reflect to occupe from of deceased?
20.	FILEDNAY 9.	1936. AV	2.07	rankli	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
The same of the sa	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH ITHIN CORPORATE LIM 1. PLACE OF DEATH OCCI should County Willeyann Registration Dist. No No. 439 Mediate Charles St., Off death occurred in a hospital or institution, give its NAME instead of street and number) Village or City PHYSICIANS Length of residence In city or town where death occurred mos. / W ds. How long in U.S. if of foraign birth?_____yrs.____mos.____ds. Every statement If U. S. Veteran, specify WAR RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT TL classified. 5a. If married, widowed, or divorced HUSBANO of CERTIFY. Thet I attended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS then Years Months **Oeys** to have occurred on the dete stated above, at. 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 5 or min. Data of onsat 8. Trada, profession, or particuler NO THIS kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.... 10. Oete deceased lest worked at no 11. Total time (yeers) this occupation (month and spentin this that occupation ... instructions 12. BIRTHPLACE (city or town (Steta or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (Steta or country) efully What test confirmed diagnosis? Wes there an eutopsy?_ HER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT car Accidant, suicide, or homicide? 16. BIRTHPLACE (city or town) DEATH (State or country) Whera did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT pluods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION 24. Wes disease or injury in eny way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) & (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal caus of importance were	e of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 6 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

should state of OCCUPA-

PHYSICIANS

Exact statement

properly classified.

See instructions on back of certificate.

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	MAR	
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PLACE OF DEATH County Allegany Village or City Cumberlar Langth of residence in city or town where deat			TELIMITS 59 5 D
County Allegany			ORPORATE Registration Dist. No.
Village or City Cumberlan	ad. Md.	MITHIN	No. Memorial Hospital St. 6-1 Ward
loads of addition to the		(If	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mr. George			If U. S. Veteran, specify WAR.
(a) Residence: No. Rock Oak	W. Va.		St., Ward.
			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL SEX 4. COLOR OR RACE 5.			21. DATE OF DEATH
Male White	OR DIVORCED	(write tha word)	
	Widov	red	May 13, (Day) (Year)
a. If married, widowed, or divorced HUSBANO of			22. / I HEREBY CERTIFY, That I attanded decaased from
(or) WIFE of Delania Pol	Land		april 28 19 26 to May 17 19 26
DATE OF BIRTH (month, day, and year)	une 2.	1865	I last saw h alive on may 19 19 76; death is said
. AGE Years Months	Days	If LESS then	to have occurred on the dete steted ebova, a 8:58 Pm.
70	11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular		, 0	Oate of one et
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Earmer.	***	
Industry or business In which work was done, as SILK MILL,			(all any oll lun
SAW MILL, BANK, etc	1 11 7 4 14		
10. Oata deceased last worked at this occupation (month and		t In this	prater
year)	. Occu	pation	Other Contributory Causes of importence:
2, BIRTHPLACE (city or town)	Virgir	30	(), , , , , ,
		ILa	Mortine James
13. NAME James Shirle	eţ,		f 1711
14. BIRTHPLACE (city or town)			Neme of operation
(Stata or country) West	Virgir	nia	What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME ?	leming		23. If death was due to externel causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury, 19
	t Virgi	.n1a	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Memorial Hosp: (Addrass) Cumberland			Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	nl	1 2/	Mannar of injury
Placa Dan U.V.	Data	715,1936	Nature of Injury
9. UNOERTAKER B. S. J. J. N.	roh		24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Both	WI	M	If so, spacify
15 515 May 15 1036 Dr.C	P. +	anbet	(Signed) Thy man M.O.
		Registrar.	(Address) Cuterly Eur

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Example I	7	Example II		
The principal cause of death and related causes, of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUN 6 1300	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU S. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1 B Exact statement of OCCUPA-

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CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	
1. PLACE OF DEATH	TOPATE LIMITS DO
County Allegans y	N CORPORATE LIMITS 1948 Registration Dirt. No. 4
Village or City	No. Millann Alland St., T Ward
, (If o	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. Bot foreign birth?yrsmosds.
	en. If U. S. Veteran, specify WAR 18-35
2. FULL NAME // MINAM () SANTY	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Santon de Novelblus	22. HEREBY CERTIFY, That I attended deceased from
9-11 1900	Hest saw h. alive on 2 19 1/2: death is said
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 120 cm.
47 3 28 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	Data of one of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	R 12mg Streptocon buy 1
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and spent In this year) occupation	
74-1-10.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	De land a promo 22
13. NAME findrew & Shroner	36
14. BIRTHPLACE (city or town)	Nama of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mann Bish	23. If death was due to external causes (VIOLENCE) fill in also the following:
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(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Annal Quantities M There
Place tyndman Pabate may 6, 1956	Natura of Injury Alaid - a flower
19. UNDERTAKER Attino Stem The	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED May 5, 19 36. Dr. J. P. Franklis Registrar.	(Signad) M. D. (Address) 41 June 10 Constant
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
		Attack of epilepsy	1 week ago	
Chronic interstitial nephrih	1021	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every nem of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	TION is very important. See instructions on back of certificate.

fortate PA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village Dr City (If death occurred in hospital minstitution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs.____mos.___ Length of residence in city or town where deeth occurred. If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIYORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That i ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Davs If LESS than to heve occurred on the dete steted above, at..... 1 day.____hrs. newborn The PRINCIPAL CAUSE OF DEATH end related couses of importence or____min. Date of onset 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 1D. Date deceased lest worked et 11. Total time (years) spent in this this occupation (month and year) _____ occupation _. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Neme of operation ... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?_____ Was there en eutopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in elso the following: Accident, suicide, or homicide?______ Dete of Injury_______19 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFDRMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Menner of injury Neture of Injury 24. Was disease or Injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Tarker or	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	948 4 4/684
onld OCC	County Collegarcy	Registration Dist. No.
shoul of OC	Village or City	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
70	Length of residence in city or town where deeth occurredyrsmos.	
Ever	2. FULL NAME Januar VI	numaken
SI SI tat	(a) Residence: No. The County of County (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECER. PIIY Exact st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
57	3. SER 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Arrie the word)	21- DATE OF DEATH (Month) (Day) (Year)
(ANE) A C T issified	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
bend .	6. DATE OF BIRTH (month, day, and year)	last sew in anye of the control of t
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
IS A F stated properl	78 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
he st be pr of cer	Trede, profession, or perticular kind of work done, as SPINNER.	Oate of onset
K—TF fould may back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	hang deckase
INK S sh t it on	10. Dato deceased last worked at this occupation (month end / 566 spent in this year)	
NFADING I pplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) There are Political Politi	Other Contributory Causes of Importance:
ADJ d. s, se	(State or country)	Chieno selezza
UNFA supplied n terms, ee instr	# 13. NAME Chipun	
U sur	13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Cate of
·— (I)	(State of Country)	Whet test confirmed diagnosts? Was there an au'opsy?
WITI efully in pla int.	15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
be carefu EATH in important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	(State or county)	Where did injury occur? (Specify city or town, county and State)
ABUN	17. INFORMANT (Address) My ero dale, Pa	Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
F-3 00	18. BURIAL, CREMATION, OK REMOVAL	Manner of Injury
	Place Place 19. Oate 3. 19.3.6	Nature of injury
-WRIT mation CAUSI TION	19. UNDERTAKER J Ceeol Hafer (Address) Firestbury met	24. Was disease or injury in any way related to occupation of deceased?
B. F	20, FILED 5 - 27 19 36 D. R. Walker	(Signed) M. D
Z	Registrar.	(Address) Jackburg Mid
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of importance were a	death and related/causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HIN 2, 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	May 1,1923	Other contributory causes of importance:	1 year
				2 your

V. S. No. 1

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	00
1. PLACE OF DEATH		THIN CORPORATE LIMITS Registration Dist. No. 4	09
County Little County	C W	THIN CORPORATION Dist. No. 7	
Village or City My Wy	110	No. 40 Mallaman St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city town where death occurred	yrsmqs		
2. FULL NAME / Langaret	Inn -	mells	
(a) Residence: No 2457 William	me	St., 6-1 Ward.	
(Usual place PERSONAL AND STATISTICAL PARTI		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MAR	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH May 22	, 193 6
5a. If married, widowed, or divoced HUSBANO of	17	(Month) (Oay)	(Year)
(or) WIFE of Charles H. On	reliz	22. Mars Description of the lattended of the state of the	decaased from
6. DATE OF BIRTH (month, day, and year) Many 2	8 1865	liast saw her elive on May 21 1936	2: deeth is said
7. AGE Years Months Oays	If LESS than	to have occurred on the dete stated ebove, atm.	
10 11 24	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER House SAWYER, BOOKKEEPER, etc.	duty	ahology	May 1
9. Industry or business in which work wes done, as SILK MILL, OMM ASAW MILL, BANK, etc	toute		1
this occupation (month end spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) Tostbu	19	Other Coutributory Causes of Importance:	- 50
(State or country)	ma	arthregicteross	192
13. NAME John June	ν ,	Nyterteuron	177
14. BIRTHPLAGE (city or town)		Name of operation Oata of Oata of	
(Spin of county)	The state of	What tast confirmed diegnosis? Was there and	autopsy?
		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	2	Accident, suicide, or homicide?Oata of injury Where did injury occur?	, 19
17. INFORMANT Palph mel	But	(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMITION, OR REMOVAL PIECE MANAGEMENT MANAGEMENT PROPERTY OF THE	425,36	Manner of injury	2222
19. UNDERTAKER D. D. Dutle	v	24. Was diseese or injury in any wey releted to occupation of deceesed?	No
20. FILEO May 22, 1936. AV. J. P.	Frankl Registrar.	(Signed) (Address) Cumberdud (Address)	M. 0
If more blanks are needed,		2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UN 6 1939	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
- OUNCE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS

EXACTLY.

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should

properly classified.

certificate.

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See instructions on back

CAUSE OF DEATH in plain terms, so that it may carefully supplied.

TION is very important.

mation should be WRITE PLAI

V. S. No. 1

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Exact statement of OCCUPA.

CTATE OF MADVI AND CEPTIFICATE OF DEATH

STATE OF MARTL	AND-CERTIFICATE OF DEATH	- 0 0 ()
1. PLACE OF DEATH	(940)	11
County Alleguny.	WITHIN CORPORATE LIMITS Registration Dist. No.	4
Village or City Constand	No. 735 manufand M. (If death occurred in a hospital or institution, give its NAME instead of	Cst. 6-1 Ward
	(If death occurred in a hospital or institution, give its NAME instead of	street and number)
Length of residence in city or town where death occurredyr	rsds. How long in U. S. If of foreign birth?yrs.	ds.

Village or City Consolerland	No. 735 Shandand McGt, 6-1 Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Any almost on (Usual place of abode)	mosds. How long in U. S. Wolf foreign birth?yrsmos
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write the plotd)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of man Smith	22. HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS that I day,	76
12. BIRTHPLACE (city or town) In Sarage nd. (State or country)	Other Contributory Causes of Importance:
13. NAME Charles 6 State 14. BIRTHPLACE (city or town) Ind Sarrage Ind. (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alexandra Parris 16. BIRTHPLACE (city or town) Parathrashing W. V. (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?

(Address)

19. UNDERTAKER (Address)

(Signed) Registrar.

Manner of Injury Nature of injury

If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 near

MARGIN RESERVED FOR BINDING

V. S. No. 1 Вď

THE COSPORAT IN THE

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	CERTIFICATE OF BEATH
County allegany	Registration Dist. No.
Village or City Fatthing	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
5. 1	114
(a) Residence: No. 6 4 Gual place of abode	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Shales	22. 1 HEREBY CERTIFY, That I attended deceased from 1926, to 200, 1936.
6. DATE OF BIRTH (month, day, and year) Feb. 18 - 18 79 7. AGE Years Months Days If LESS than	I lest saw h
1. Ade lears mounts bays in Leas that I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, ASAWYER, BOOKKEEPER, etc.	labsless right lung of of again 9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Culmon all real of met
11. Total time (years) this occupation (month end year) 11. Total time (years) spent in this occupation	from me abdressed tooth . Direction of the bat-
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of Importance: In some month. Culor
13. NAME John Spales	
13. NAME 14. BIRTMPLACE (city or town) (State or country)	Name of operation Restrain and I have a Date of Day 2-3 What test confirmed diagnosis? Was there an authory?
# 15. MAIDEN NAME Com Towers	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Was Spatially ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date May	Manner of injury
19. UNDERTAKER (Address)	24. Wes disease or injury in eny way related to occupation of deceesed?
20. FILED 5-3- 1936 a.R. walker	(Signed) W. alfred Van arms M. D.
Registrar.	(Address) Khommy, md,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 11

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago
Run over by street car	1 week ago
	1 week ago
Peritonitis	0.3
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIA	N
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V. S. No. 1

then of infor-

County All	Legany	<u></u>	THIN CO	RPOHATE	(130)	Registration	Dist. No. 4	
1. PLACE OF DEATH County All Village or City Cur			(11	death occurred in a i	sosbitai or matitut		E instead of street and	
Length of residence In city of				ds. How I	long in U.S. If of	foraign birth?	yrs	mosds.
		a.E.Stal			230		NR-4	5
(a) Residence: No	Ridge.	(Usualplace		St.,	Ward.	If nonresident	give city or town an	nd State
PERSONAL AND	STATIST	ICAL PART	ICULARS	ME	EDICAL CE		OF DEATH	3
Female 4. color o		OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF	DEATH	May (Month)	2 1936	, 193
5a. If married, widowed, or divorced HUSBAND of	eman.							(Year)
(or) WIFE of				alus 5		CERTIF	Y, That I attended	d deceased from
6. DATE OF BIRTH (month, day, an	d vear) N	lov.19.1	1886	I Jest saw h. & Jr.		5 //36		; death Is said
7. AGE Years	Months 5	Days 14	If LESS than 1 day,hrs. ormin.	to have occurred o			5 Am	
8. Trade, profession, or particle kind of work done, as S SAWYER, BDDKKEEPER, 9. Industry or business in whe work was done as SILK	PINNER,	Но	ouse wife	Pente	mahrid	tie with	urenico.	#/25/3
9. Industry or business in wh work was done, as SILK	MILL.			eceded, a	2 coused	2 Ly m	attock of e	nteron.
SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month a year)	at ind	Sp3	time (yaars) ent in this	calitisa	Duratio	n i six x	weeks. Ceng	
12. BIRTHPLACE (city or town) (State or country)	- 1	nio		Dthar Contributory	y Causes of impo	rtance:		
13. NAME Joseph	1.Winl	kler						
13. NAME JOSEPH 14. BIRTHPLACE (city or town) (State or country)		Swit	zerland	Name of operation What test confirme			Date of	1/2
15. MAIDEN NAME D	ont Kr	now					Il In also the following	
15. MAIDEN NAME De 16. BIRTHPLACE (city or town) (State or country)		Dont	Know		or homicide?		Date of injury	
17. INFORMANT Coleman (Address) Ridg	Specify whether In	jury occurred in	(Specify city or INDUSTRY, in HO	town, county and St ME, or in PUBLIC P	ate) LACE.			
18. BURIAL, CREMATION, DR REMO	Manner of injury							
19. UNDERTAKER John (Addiess) Cr	.C.Wo	lford land. Mo	1			y related to occup	ation of deceased?	ho
20. FILED May 2, 195	6 0.	v. J. P. 7	rankli,	(Signed)	John K	Com	u mo	M. D

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis Cerebral hemorrhage JUN 6 1936	1921	Run over by street car	1 week ago		
Cerebral hemorrhage JUN 6 1936	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.		TRUETS DE L'ESTE CONTROL DE L'ESTE D			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL	SPACE	ron	FURTHER	STATEMENTS	DI	PHI SICIA.	N
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WRITE

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	10.00	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis UN 6 1936	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis .	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	23 Gastroenteritis			

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAI

V. S. No. 1 m CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

should state reen of infor-

Exact statement of OCCUPA-

STATE OF	MARYL	AND-C	CERTIFI	CATE	OF	DEATH

1. PLACE C	OF DEATH			- THATTS (95-2) 4774		
County_A	llegany	-	HIN CORPOR	Registration Dist. No. 4		
Village or	city Cumberl	and		No. 50 Boone St., 6-2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of re	sidence In city or town where	death occurred		death occurred in a hospital or institution, give its INAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2 FILL N	ME Richard	Charles	Statler.	If U. S. Veteran, specify WAR		
	ence: No. 50 Boot			St., 6-2 Ward.		
(a) Neside		(Usual place	of abode)	If nonresident give city or town and State		
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
Male Male	White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)		
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. HEREBY CERTIFY, That I attended deceased from		
			075	May 3,, 19.36, to May 3,, 19.36 leath is said		
	(month, day, end year) Deers Months	Days 3	If LESS than f dey,hrs.	to have occurred on the date stated above, al OPm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
_ 8. Trade, prof	fession, or particular		ormin.	were apfollows: Date of onset		
kind of	work done, as SPINNER, R, BOOKKEEPER, etc	None		acuth Ins		
9. Industry of	business in which			Curclins		
LANCE OF THE PARTY	ras done, as SILK MILL, ILL, BANK, etc ased last worked at	ff Total	time (vesre)	deliber : Unally to de-		
O this occ	cupation (month and	spe	time (years) ent In this eupation	termine cause of acute cardiac dilatation appar-		
12. BIRTHPLACE ((State or co		berland	Md.	Other Contributory Causes of Importance: sutly, no scute infaction.		
1	Richard G	Statle	er			
14. BIRTHPLAC	CE (city or town)			Neme of operation Dete of What test confirmed diagnosis? Clinical Was there an autopsy? no		
f5. MAIDEN N	AME Delphia	Santymi	re	23. If death was due to external causes (VIOLENCE) fill in elso the following:		
15. MAIDEN N	CE (city or town) Wood:	row. W.	Va.	Accident, suicide, or homicide?		
∑ (State	or country)			Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT (Address)	50 Boone			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Hillcrest Cem, Date May 5, 19 36				Manner of injury		
(Address)	- omines T will	i	2 . 0	24. Was disease or injury in any way related to occupation of deceased? If so, specify		
20. FILED/Na	y 5, 1936. A		Registrar.	(Address) Cumberland.		
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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11	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
material City	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	The second second second second			
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN COPPORATE 1. PLACE OF DEATH Registration Dist. No. plnous County Ollegasses Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth?______vrs. Length of residence in city or town where death-occurred statement 2. FULL NAME If U. S. Veteran, specify WAR. RECORD. (a) Residence: No sual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH 2 (Day) classified. H 5a. If married, widowed, or divorced HUSBAND of O That I attended deceased from (or) WIFE of 4 54 田 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than to have occurred on the date stated above, at 1 stated I day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... be jo Findustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.......... back may plnods 11. Total time (years) spent in this 10. Date deceased last worked at no this occupation (month and that occupation instructions Other Coatributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis? Was there an autopsy?_ carefully HER 15. MAIDEN NAME important 23. if death was due to external causes (VIDLENCE) fill In also the following: E 10 Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods 17. INFORMANT Very OF 18. BURIA Manner of injury WRITE 3 CAUSE mation LION Nature of injury____ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS

stated EXACTLY.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLA

Exact statement of OCCUPA.

STATE OF MARYLAND—	
1. PLACE OF DEATH	Registration Dist. No. 4 No. only van retreat St., 3 Ward
County alley any	Registration Dist. No.
Village or City Canadard and	No. Sylvan Retreat St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whara death occurredyrs/mos.	ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Garob Sugars	If U.S. Veteran specify WAR.
(a) Residence: No. Muscow And (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. It married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Lattice Stevens	22. I HEREBY CERTIFY. That I attanded deceased from 3. 75 , 1036, to 5 - 6 - , 1936
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 7. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) May 1st, 1853 1 LESS than 1 day,hrs. ormin. 11. Total time (years) spant in this occupation 12. BIRTHPLACE (city or town) Way 1st, 1853 1 Last 1 day,hrs. ormin.	I last saw h
(State of country)	Nama of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Whowever 16. BIRTHPLACE (city or town) Venderwood (Stata or country) 17. INFORMANT Mrs. Elizabeth Develope (Address)	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 9, 1936. DV J.P. Firank Registrat.	(Signed)

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Example I	.	Example II	•
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m

STATE OF MARYLAND-	CERTIFICATE OF DEATH 4777
1. PLACE OF DEATH	CONTE LIMITS DO
County Allegany	ORPORATE LIMITED Registration Dist. No. 4
village of City Cumper 19 110. Wo.	No. Memorial nospical St. 6 Ward
Length of residence in city or town where death occurred yrs mo 2. FULL NAME Summers, Marganel A	If death occurred in a hospital or institution, give its NAME instead of street and number) s
(a) Residence: No. Aurora W. Va. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH May 29, 1936 (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) May 29, 1936	I HEREBY CERTIEY. That I attended deceased Irom May 29/36, 19, to Nay 29/36, 19 I last saw has elive on May 29/36, 19; death Is said
7. AGE Years Months Days If LESS than 1 day, 5 hrs. or 50 min.	to have occurred on the date stated above, at 10:00 m. AM • The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Tremalurely Data or onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
IO. Data deceasad last workad at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Cumberland, (State or country) Maryland	Other Contributary Causes of importance:
13. NAME Maxwell Summers,	
I4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Waltrude Fauber	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, [9
Memorial Hospital (Address) Cumberland, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Churana Wa Date May 30, 1936	Manner of injury
10 HNDEDTAKED Line Stein Stein Delle	24. Was disease or injury in any way related to occupation of deceased?

Reynolds

19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago RUPFALL V. 5. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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No.	
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	STATE O	F MARYLAND-	CERTIFICATE OF DEATH 4778
1.	PLACE OF DEATH		
	County allegany		Registration Dist. No.
	Village or City Casan	ferland W	t death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where de	eath occurred Syrsmos	sds. How long in U.S. if of foreign birth?yrsmosds
2.	FULL NAME Cless	or & Jall	If U. S. Veteran, specify WAR
	(a) Residence: No. 1008	Ban	St., 6 -1 Ward.
		(Sual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SE	male White.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
ia. If	f married, widowed, or divorced HUSBAND of (or) WIFE of Stephen	Talley	22. I HEREBY CERTIFY, That I ettended deceased from
e DA	ATE OF BIRTH (month, day, and year)	1 22 15	last saw has elive on har 13 1926; death is sai
7. AG		Deys If LESS than	to have occurred on the date steted above, al. 4 12 m.
	82 10	21 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wate as follows:
20	8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Honserrife	Jeneral Dansley
A	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		7703
000	10. Date deceased lest worked et this occupetion (month end year)	I1. Total time (years) spent in this occupation	This woman simply dild of old agen Civil of
12. B	BIRTHPLACE (city or town) Lesses	hisland Q	Other Contributory Causes of importance: The initial could find no condition, such as exterior
~ 1	(Stete or country)	- The	- seknosis . Chronis nephritis or a heart andition
로	13. NAME Hom. Pla	m	Guil R.
FAT	14. BIRTHPLACE (city or town)	Ind.	Name of operation Dete of What test confirmed diagnosis? What test confirmed diagnosis?
빌	15. MAIDEN NAME Prince	Simmons	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
OTHER	16. BIRTHPLACE (city or town)	2-1	Accident, suicide, or homicide?
Σ	(State or country)	ma.	Where did injury occur? (Specify city or town, county and State)
17. lf	NFORMANT Sullie All	Ly Sal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. B	Place Somety Tolkern	Last Day 15,19.36	Manner of injury
19. U	UNDERTAKER Armie Ar (Address)	tim Done	24. Was disease or injury In any wey related to occupetion of deceased?
20. F	TLED May 15, 19 36. Dr	9. P. Frankl	If so, specify (Signed) (Signed) M.
	Δ	Registrar.	(Addless)/ Usan berland had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	e I	1	Example II	
The principal cause of death and of importance were as follows:	/ may 100	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RE	EIVED	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	2 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	N 9 1990	July 5,1927	Peritonitis	3 days ago
BUE	CEAU V. S.			
Other contributory causes of im	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF				CERTIFICATE OF DEATH 47	79
County	AL LEGAN	Y WIT	HIN CORPO	RATE LIMITS Registration Dist. No. 4	
Village or Cit	CUMBER		RYLAND	No Memorial Hospt 5. 6	-/_Wa
Length of resid	ence in city or town when	e deeth occurred		death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAN	TE Stil	lborn	Thon	as) If U. S. Veteran, specify WAR	
(a) Residence	e: No. LON	IACONING. (Usual place	MD.	St., Ward.	
PERSON	AL AND STATIS			If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	Stale
3. SEX FEMALE	4. COLOR OR RACE WHTTE	5, SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH MAY 12, (Month) (Dev)	193_6
e. If merried, widowe HUSBAND of (or) WIFE of	- I I all the state of the state of			22. I HEREBY CERTIFY. That I attended of	
6. DATE OF BIRTH (n	nonth, day, and year)	MAY 12.	1936	Hest saw her since on Man 12/26 19	: deeth is s
. AGE Years		Deys	If LESS then 1 dey,hrs. ormin.	to heve occurred on the date stated above, at4:50_mP.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date ol ons
9. Industry or b	oion, or perticular ork done, es SPINNER, BODKKEEPER, etc usiness in which			Intra literen asphyria:	Date of our
1D. Date deceased	done, as SILK MILL, ., BANK, etc	11. Total ti	ime (years)		
year) 12. BIRTHPLACE (city	or town)	UMBERLAN	ipetion	Other Coutributory Causes of importance:	
(Stete or count					
13. NAME 14. BIRTHPLACE	(city or town) MA	RYLAND		Name of operation Dete ol	
1 (State of C		RIE BONIG		Whet test confirmed diegnosis? Was there en at	
E	(city or town)N	IARYLAND		23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?	
17. INFDRMANT (Address)	MEMORIAI	HOSPITA	el. mel.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATI	DN, OR REMOVAL Demorial 24	pp. Dete 27	Day 12, 19 26	Menner of Injury	
19. UNDERTAKER (Address)	nemore	al Hosp	pital	24. Wes disease or injury in any way releted to occupation of deceased?	
20. FILED May	,12,1936.	rg. P.Fr	ankli,	(Signed) Mughe Hypothes	M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

	4780
STATE OF MARYLA	ND-CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Allegany	WITHIN CORPORATE LIMITS Registration Dist. No. 4
Village or City	WITHIN ON 204 Personal are

1. PLACE OF DEATH	64-00 ALTE
County Allegany	N CORPORATE LIMITS Registration Dist. No. 4
William as O'L. I WITH!	
Village or City Comberland	No. FO H Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
a must properly of the	(and) If II O Wales a secolar WAD
2. FULL NAME JUNG	If U. S. Veteran, specify WAR
(a) Residence: No. 406 Memory (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Homale white midning	(Month) (Day) (Year)
5e. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of John A I homeson	21. HEREBY CERTIFY, That I attended deceased from
	The they was a second of the s
6. DATE OF BIRTH (month, dey, and year) and 1874	I lest saw h, elive on; deeth is seld
7. AGE Yeers Months Days If LESS than	to heve occurred on tha date steted ebove, atm.
show 62 I dey,hrs.	the target of glove.
8. Trade, profession, or particular	Date of onest
kind of work done, es SPINNER, Amalonge	(crerio delerono tavos
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this occupation (month and	17935
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased lest worked at this occupation (month and spent in this	
year) occupetion	
12. BIRTHPLACE (city or town) and forland	Other Contributory Causes of importence:
(State or country)	Charles
13. NAME PRANC Cocheans	- Cep Open 1 637
13. NAME Saac Cothern 14. BIRTHPLACE (city or town)	1
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet tast confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME GENETIC Samples	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME GENETIE Sansfar 16. BIRTHPLACE (Gity or town)	Accident, suicide, or homicide? Dete of injury,19
X (Steta or country) Information.	Where did injury occur?
manage to manage to Tracker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2-44 Promise And .	- Company and an injury control in the control in t
18_BURIAL, CREMATION, OR REMOVAL	Menner of Injury
allement com frostly Date May 30, 1936	Natura of injury
I DV · Led. of	1.5
19. UNDERTAKER And Ottom Inc.	24. Wes diseasa or injury in any wey raleted to occupation of deceesed?
(Address)	If so, specify ff 1 f & Company of the sound
20 FILE Hay 30 1936 Dr. J. V. Franklin	(Signad) M. D.
Registrar.	(Address) 3 3 Ute Weec,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example-I	11	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 8 16/46	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
•	-07-00-00° 69 1.78			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Length of rasidence in city or fown where death occurred. Length of rasidence in city or fown where death occurred. Length of rasidence in city or fown where death occurred. Length of rasidence in city or fown where death occurred. 2. FULL NAME (a) Residence: No. 212 SOUTH St. City Clusaripsec as adob. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Natle White S. SINCE, MARRIED, WIDOWED, Or DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended decessed (for) will of doors, as SYMMER. 8. Trads, profession, or particular. 8. Trads, profession, or particular. 8. Trads, profession, or particular. 8. Trads or work doors, as SYMMER. 9. Industry or business in which work was door, as SYMMER. 9. Industry or business in which work was door, as SYMMER. 9. Industry or business in which work was door, as SINK MILL. SAW MILL, SAW, Mcc. 10. Date of cessaci last worked at security or business in which work was door, as SYMMER. 12. BIRTHPLACE (city or town). (State or country) MARY Land. 13. NAME MILL PART M. Torbett 14. BIRTHPLACE (city or town). (State or country) MARY Land. 15. MAIDEN NAME BOTTON DOWN MARY Land. 16. BIRTHPLACE (city or town). (State or country) MARY Land. 17. INFORMANT Memorial Hospital 18. Durk, Creamantor, or in Public Place. Address) 19. Morest Acker 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 20. FILED WARA. 3. 19. 3. C. J. Trankle				CERTIFICATE OF DEATH 478	1
2. FULL NAME (a) Residence: No. 212 South St. City (Unalpheed shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (S. SINCIE, MARRIED, WIDOWED. ON DYNCED (write the grof) 5.1. Imarriad, widowed, or divorcad (Gr) Wife of (Gr) Wife of (Gr) Wife of 8. Trade, protession, or particular Sind of work does, as serious	1	. PLACE OF DEATH		- LIMITS OO	
2. FULL NAME (a) Residence: No. 212 SOUTH St., City (Unsalphece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White of SUBRECE (winch the yord) 5. If married, widowed, or divorced (or) Wife of (County \llegan y		Registration Dist. No. 4	
2. FULL NAME (a) Residence: No. 212 SOUTH St., City (Unsafphece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON DURCED (wine the yord) 5. If merriad, widowed, or divorced (or) Wife of (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months ON 1 day, hrs., or min. 2. Trada, profession, or particular is find of work done, as STHNER, shind o		Village or City Cumberland, Md. WI	THI	No. Memorial Hospt & 6	- War
2. FULL NAME (a) Residence: No. 212 SOUTH St. City St. Ward. If sourced-and give only or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKEEN, WIDOWED, OR DLYORCED (writches yord) (Orby) For DIVORCED (While of Orby) For DIVORCED (writches yord) (Orby) For DIVORCED (writches yord) (Orby) For DIVORCED (While of Orby) For DIVORCED (writches yord) (Orby) For DIVORCED (While of Orby) For DIVORCED (While orbital) For DIVORCED (While orb		Length of rasidence in city or town where death occurred	(II) mos	t death occurred in a hospital or institution, give its NAME instead of street and its. ds. How long in U.S. if of foreign hirth?	
(a) Residence: No. 212 SOUTH Sts. 1ty St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINCLE, MARRIED, WIDOWED. ON BURNECED Currie the yord? 55. If merriad, widowed, or divorced (or) Wife of Personal Color of the Color of Personal Color of Personal Color of Color of Color of Personal Color of	2	0+ 000 M	× 6	2 2 44	701
Comparison Com	2				
3. SEX 4. COLOR OR RACE White Or DEATH White State of Peath White Or DEATH WHITE OF DEATH WHITE		(a) Residence: No. (Usualplace of abode)	r 3		State
Male White OR DLYGREED (write the word) 58. If married, widowed, or divorced (lyo) Wife of HUSBAND (logy) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day It LESS than 1 day her. Day 19. death it to have occurred on the date stated above, at LO 10 m/A 1 ll. The PENCIPAL CAUSE OF DEATH and related causes of importance were as pollows: 8. Trada, profession, or particular kind of work done, as SPINNER, SAWFR, BOOKKEFER, atc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BAIK, etc. 10. Date doceased last worked of this occupation (month and year) 11. Total time (years) spent in his occupation (month and year) 12. BIRTHPLACE (city or town). Mary land. 13. NAME MILL and N. Torbett 14. BIRTHPLACE (city or town). Wary land. 15. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Memorial Hospital 18. BURNAL, CREMATION, OR REMOVAL 19. UNDERTAKER Mark. 19. UNDERTAKER. 19. UNDERTAKER. 19. UNDERTAKER. 19. UNDERTAKER. 19. UNDERTAKER. 19		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
55. If married, wildowed, or divorced (107) WiFe of (107)	3. S	OR DIMORCED (write the w		Still Bam.c	, 195 (Yeer)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Ont If LESS than 1 day, hrs. or min. 8. Trada, profession, or particular SAWYER, BOOKKEPPER, at an original post of this occupation (month and year) 9. Industry or business In which SAW MILL, BANK, etc. 10. Date decessad last worked et this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Millard Months Other Cestribatory Causes of Importance: What test confirmed diagnosis? Was there an autopsy? 23. If Agath was due a set and country. Bill in also the following: Accident, suicide, or homicide? 15. BIRTHPLACE (city or town) (State or country) Maryland Memorial Hospital (Addrass) Cumberland, Medo 17. INFORMANT Memorial Hospital (Addrass) Manner of injury Place Manner of injury Nature of injury 19. Is berthal, CREMATION, og removat Place Manner of injury 19. Was there on injury in any way related to occupation of deceased? 18. BURHAL, CREMATION, og removat Place Manner of injury 19. UNDERTAKER One Addrass) Address Add	5a.	If marriad, widowed, or divorcad			(,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Declinical Street (month) AGE North (aday) AGE North (month) AGE Nort		(or) WIFE of		1/174	daceased from
7. AGE Years Months Discription IT LESS than 1 day,	6 T	ATE OF RIPTH (month day and year) Ma. 3-193	56		.: death is sai
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date decessed last worked et this occupation month and year) 12. BIRTHPLACE (city or town). Mary land 13. NAME Millard M. Torbett 14. BIRTHPLACE (city or town). Mary land 15. MAIDEN NAME Bertha Athey 16. BIRTHPLACE (city or town). Maryland 17. INFORMANT Nem Orial Hospital (Address) Cumberland, Mde 18. BURTAL, CREMATION, OR REMOVAL Place (Address) Date Manager of injury in any way related to occupation of deceased? 19. UNDERTAKER And SPINAL (REMATION, OR REMOVAL Place (Address)) 19. UNDERTAKER And SPINAL (REMATION, OR REMOVAL Place (Address)) 19. UNDERTAKER And SPINAL (REMATION, OR REMOVAL Place (Address)) 20. FILED Maryland 3, 19.36 Property of Franches 10. Signad) Profession or particular were as tollows: Were as tollows: Date of Maryland Other Cestributory Cases of importance: 11. Total time (years) 12. BIRTHPLACE (city or town). Maryland Name of operation. Date of importance: What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. Place Country Maryland Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 4. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) Profession of deceased?				to have occurred on the date stated above, at 10:10 m.1. 11.	
8. Trads, profession, or particular field of work dome, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAWNER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAWNER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAWNER, BOOKKEPER, atc. 9. Industry or business in which work of the same of the sam				The PRINCIPAL CAUSE OF DEATH and related causes of importance	1
SAWYER, BOOKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town)	z			Still Barn	Date of onse
work was dona, as SILK MILL, SAM MILL, BARN, etc. 10. Date deceased last worked et this occupation (month and years) spent in this occupation (county) 12. BIRTHPLACE (city or town) Mary land (State or country) 13. NAME Millard M. Torbett 14. BIRTHPLACE (city or town) Mary land (State or country) 15. MAIDEN NAME Bertha Athey 16. BIRTHPLACE (city or town) Mary land (State or country) Mary land (Addrass) Cumberland, Memorial Hospital (Specify city or town, country and State) 17. INFORMANT (Addrass) Cumberland, Memorial Hospital (Specify city or town, country and State) 18. BURTAL, CREMATION, OR REMOVAL Place (Address) Date May 3, 1936 19. UNDERTAKER Man (Address) Date May 3, 1936 19. UNDERTAKER Man (Address) Date May 3, 1936 20. FILED May 3, 1936, Day A Frankly (Signad) P. C. Balance (Signad) P.	임	SAWYER, BOOKKEEPER, atc		-	
10. Date deceased last worked et this occupation (month and years) spent in this occupation. 12. BIRTHPLACE (city or town)	UPA	work was dona, as SILK MILL,			
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME Millard M. Torbett 14. BIRTHPLACE (city or town) Maryland (State or country) Maryland What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Bertha Athey 16. BIRTHPLACE (city or town) Maryland (State or country) Maryland Where did injury occur? (Specify city or town, country and State) 17. INFORMANT Memorial Hospital Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Cumberland, Mae 18. BURTAL, CREMATION, OR REMOVAL Place Manner of injury Nature of injury Nature of injury (Signad) Place (Addressed) (Signad) Place (-	-
12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME Millard M. Torbett 14. BIRTHPLACE (city or town) Maryland What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Bertha Athey 16. BIRTHPLACE (city or town) Maryland Actident, suicide, or homicide? Date of Injury, 19. (State or country) Maryland Where did injury occur? (State or country) Maryland State) 17. INFORMANT Memorial Hospital Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURTAL, CREMATION, OR REMOVAL Place Manner of injury Nature of Injury 19. UNDERTAKER Manner Manner of Injury Nature of Injury in any way related to occupation of deceased? If so, specify (Signad) PLACE Manner of Manne		yaar) occupation		Other Cantributery Conser of importance	-
13. NAME Millard N. Torbett	12.	BIRTHPLACE (city or town) Mary land		Other Continues Causes of Importance.	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURTAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. BURTAL 10. BURTAL 10. Company 10. Company 11. INFORMANT 12. Date 13. Manue of operation What test confirmed diagnosis? Was there an autopsy? 23. If daath was dua to external causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 24. Where did injury occur? Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER 1	۰ ا				
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT (Addrass) 18. BURTAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. Place 10. Date of operation What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If daath was dua to external causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Copecify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) P. C. Bauren (Signad)	HER	13. NAME Millard M. Torbett			
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Bertha Athey 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT (Addrass) Cumberland, N.G. 18. BURTAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED May 3, 1936, Dr. J. Frankle What test confirmed diagnosis? Was there an autopsy? 22. If daath was dua to external causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) P. C. Bauren (Signad) Maryland Cypecify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY. (Specify city or town, county and State) Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY. (Specify city or town,	FAT			Name of operation Date of	
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Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Memorial Hospital (Addrass) Cumberland, N.d. 18. BURTAL, CREMATION, OR REMOVAL Place Memorial Hospital Manner of injury Nature of Injury 19. UNDERTAKER Memorial Hospital (Address) Common Land, N.d. (Add	里	15. MAIDEN NAME Bertna Atney			
17. INFORMANT Memorial Hospital (Addrass) Cumberland, N.d. 18. BURTAL, CREMATION, OR REMOVAL Place P	MOM	16. BIRTHPLACE (city or town)			, 19
18. BURTAL, CREMATION, OR REMOVAL Place Menultan Date May 3 1936 19. UNDERTAKER Menu. Harful Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) P. C. Bauren (Signad)	- '			(Specify city or town, county and Stal	te)
18. BURTAL, CREMATION, OR REMOVAL Place Menulton Date May 3 , 1936 Nature of injury 19. UNDERTAKER Menu. Horful 24. Was disease or injury in any way related to occupation of deceased? (Address) 20. FILED May 3, 1936, Dr. J. Frankle (Signad) P. C. Bauren	17.	INFORMANI		Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PL	ACE.
Place Date 10, 1936 Nature of Injury 19. UNDERTAKER Men. For State of the Company of the Compa	18.		,	Manner of injury	
19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Men. Forful 24. Was disease or injury in any way related to occupation of deceased? 20. FILED Men. Forful 24. Was disease or injury in any way related to occupation of deceased?	Place Men top Date May 3 , 1936				
20. FILED May 3, 1936. Dr. J. P. Frankly (Signad) P. C. Bairen	19.		9	24. Was disease or injury in any way related to occupation of deceased?	
	20.	FILED May 3, 1936. Dr. J. P. Fran	be	002	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follo	th and related danger ws:	late of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 6 191	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5 1927	Peritonitis .	3 days ago
Other contributory causes	S in the second			
Other contributory causes	or importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

6	STATE OF MARYLAND—	CERTIFICATE OF DEATH Registration Dist. No. 4	782
0		death occurred in a hospital or institution, give its NAME instead of street and deathds. How long in U.S. if of foreign birth?	
	(a) Residence: No. (Usualpike of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward. Il nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wort) 5a. If married, widowed, or divorced	21. DATE OF DEATH Suray (Month) (bay)	, 193
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended May 5 193 6to May 5	19.36
certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12, 30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows:	Date of onset
on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	*
	13. NAME HOURS TOWN).	Name of operation	
See	(State or country)	What test confirmed diagnosis? Was there an	autopsy?
important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
very in	17. INFORMANT Ash June 9164	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
is.	Place Descrip Free Date May 13, 136	Manner of injury	
TION	19. UNDERTAKER John Wolfer	24. Was disease or Injury in any way related to occupation of deceased?	No
)	20. FILED May 12, 1936 Arr. J. P. Frankl	(Address) Butuberferre	S. 24 8
	If more blanks the needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	nple I		Example II	
The principal cause of death of importance were as follows Arteriosclerosis			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6 1000	July 5,1927	Peritonitis	3 days ago
- B	UREAU V. S.			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

DATI	NENT	CTLY	ified.		
MANGIN NESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	ate.	
FOR	IS A	stated	proper	TION is very important. See instructions on back of certificate.	
7	HIS	pe	pe	Jo	
7	T	pluo	may	back	
Q	NI	Sh	t it	no	
1	5 Z	AGE	tha	ons	
1	DI	7	so .	ucti	
200	NF	plie	erms	instr	
TATE	DI	Ins	in to	See	
	'ITF	ully	pla	ب	
	*	refi	I in	tan	
	25	e ca	ATE	npor	
	AL	ld b	DE	y in	
	PI	shou	OF	Ver	
1	TE	n s	SE	E	
	-WR	matio	CAU	TION	

N. B.-WRITE PLAINLY,

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-

	F MARYLAND-	CERTIFICATE OF DEATH 4783
1. PLACE OF DEATH	77	TELIMITS 20 16
County Allegai	y	N-COPPORATE Registration Dist. No.
Village or City Cumber 1:	and, Md. Wilni	N CORPORATE LIMITS Registration Dist. No. No Nemanal Hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	th occurredyrs,mos	ds. How long in U.S. If of foreign birth?
2. FULL NAME Nettie		If U. S. Veteran, specify WAR
(a) Residence: No. Hinkl	e Road, R.F.D. (Usual place of abode)	#201, Cit yWard. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	or DIVORCED (write the word)	21. DATE OF DEATH May 11, 1936, 193 (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orie Twigs		22. //I HEREBY CERTIFY, That I attended deceased from
	Mar. 28 -1881	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 7:20 AM.
55	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Housewife	Date of onest
9. Industry or business in which	en en entre de d'ant tipe electric diagnet d'anni d'antière anni yen	
work wes done, as SILK MILL, SAW MILL, BANK, etc		pestele gangrewes
10. Date deceesed last worked et this occupation (month end year)	11. Total time (years) spent in this occupation	6
Mar	ylan d	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)		
🖺 13. NAME William Sl	iger	
13. NAME William Sl 14. BIRTHPLACE (city or town) Ma (Stete or country)	ryland	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Mary Eliz	abeth Twigg	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Eliz 16. BIRTHPLACE (city or town) Ma (State or country)	ryland	Accident, suicide, or homicide?
17. INFORMANT Memorial Hos (Address) Cumberly		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Date May 14, 1936	Manner of Injury
19. UNDERTAKED LONG OF COMMENTS	Tein Ling	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED May 13, 19 36 , SV	. J. P. Frank Registrar.	(Signed) M. D. (Address) M. D.
If more bla		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	1	Example II	
The principal cause of death and related causes Date of of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OFCEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1 1 1 1 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cause			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				L

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- R6-0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County allegans	Registration Dist. No.
Village or City my Sadage Md.	NoSt.,
(If c	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foraign birth?mos
2. FULL NAME / haddens Van me	len de la companya de
(a) Residence: No. Mozamuse H. F.	ast, Aroward Lung had
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If ponresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TO
or DIVORCED (write the word)	May 19 193 K
5e. If married, widowed, or divorcad	(Mbnth) (Day) (Yea
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased
maple Care	, 19, to
6. DATE OF BIRTH (month, day, end yeer) 20 - 1871	I last saw h alve on A, 19 ; deeth l
7. AGE Years Month's Days If LESS than 1 dayhrs.	to have occurred on tha dete steted above, at
65 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work dona, es SPINNER,	
SAWYER, BOOKKEEPER, etc	Tours death accidental
work wes done, es SILK MILL, SAW MILL, BANK, etc.	dath. Patiral causes
10. Oete deceased lest worked et 11. Totel time (yaars)	Coroner occurred book -
this occupation (month and spant In this occupation	auea worke.)
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Death resulted from an assidental
(State or country)	fell is the read of his home on a
13. NAME Leo. S. Van Meter	A Section of the sect
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) W, Va	What test confirmed diagnosis? Was there an eulopsy?_
15. MAIDEN NAME Jamina S. Mause	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? - Accident - Date of injury
(State or country)	Where did injury occur?
17. INFORMANT MASS BENEFA Will	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Teleplana W. War	In jourd, of his home.
18. BURIAL, CREMATION OF REMOVAL	Mannar of injury ascardantial follows
Place / steelers J. Will D. Oata May 5-/1936	Nature of injury
	24. Was disease or injury in eny wey related to occupation of deceesed?
19. UNOERTAKER A MULACIA	
19. UNOERTAKER Autolife md.	If so, specify

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1111 9 1030	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL OF HOLF FOR FOREIGN STATEMENT DE L'ALLONNIC

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

should state item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Claration Dist, No. Village or City No. Village or City No. Village or City No. Village or City No. No. No. No. No. No. No. No.
Village or City No. All American St., Howard (If death occurred in a hopital or institution, give it NAME instead of street and number) Length of residence in city or town where death occurred
Length of residence in city or town where death occurred yrs, mos. ds. How long in U. St. of foreign birth? yrs, mos. ds. 2. FULL NAME (a) Residence Mo. Malton 1976 (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fa. If married, widowed, or divorced HUSBAND of (Day) (Month) (Day) (Day) (West)
(a) Residence (No. Month) (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) Fa. If married, widowed, or divorced HUSBAND of (Day) (Day) (Day) (Day) (Day) (Day)
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fa. If married, widowed, or divorced HUSBAND of () 1. HERERY CERTIFICATE OF DEATH (Day) (Day) (Day) (Day) (Day) (Day)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of () 22 1. HEREBY CERTIFICATE OF DEATH (Day) (Day) (Day) (Day) (Day) (Day)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. On DIVORCED (write the word) 6. On DIVORCED (write the word) 6. On DIVORCED (write the word) 7. On DIVORCED (write the word) 8. If married, widowed, or divorced HUSBAND of () 8. If married, widowed, or divorced HUSBAND of () 8. If married, widowed, or divorced HUSBAND of () 8. If married, widowed, or divorced HUSBAND of () 8. If married, widowed, or divorced HUSBAND of ()
5a. If married, widowed, or divorced HUSBAND of (Day) OR DIVORCED (write the word) (Month) (Day) (Day) (Year)
HUSBAND of
many Derkenbungh. 19 to May 30, 1936
6. DATE OF BIRTH (month, day, and year) 6 1862 last saw h Acces alive on Many 1996; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm. 200 A/V
73 6 24 Ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, School tenchan Sawyer, BDDKKEPER, etc
9. Industry or business in which work was done, as SILK MILL, Public school SAW MILL, BANK, etc.
11. Total time (years)
year) Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) hommas Wollows I knowle conclosionally
(State or country) M. Va. Francescar Alite
II 13. NAME Ld. Pralsu -
13. NAME 21. It also 1. It also 1
(State or country) What test confirmed diagnosis? Stant July Markington autopsy? 12
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 23. If death was due to external causes (VIOLENCE) fill in also the Iollowing: Accident, suicide, or homicide?
(Specify city or town, county and State)
17. INFORMANT MANS THAT I Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)
18. BURIAL, CREMATION, DR REMOVAL Manner of injury
St sharys com to salmate fine 1,19.26 Nature of injury.
19. UNDERTAKER Same Stim Dae 24. Was disease or injury in any way related to occupation of deceased? [Address] [If so, specify
20. FILED Nay 30, 1936. Dr. J. P. Frankli: (Signed) Dauley of you fight M.D.
Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related gauses	Daty of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 6 1936	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN 6 1930	1981	Run over by street car	1 week ago
Cerebral hemorrhage	MINEAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		
County allegand	Registration Dist. No.	
Village or City Curry of the WITHIN CO	No say tak mr. Santusinem Ward	
/_ (lf	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos.		
2. FULL NAME William Wunbrem	1f J.S. Veteran specify WAR	
(a) Residence: No. 140 Celes 97.4 7	St. User ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white OR DIVORCED (write the word)	(Month) (Day) (Year)	
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of Corolly Winhammes	22. I HEREBY CERTIFY, That I attended deceased from	
al . 1 13 -1-	19-6,10 19-25	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h	
5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	were as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	/ semonon	
9. Industry or business in which work was done, as SILK MILL,	di du-	
SAW MILL, BANK, etc.	(werculosso 6	
this occupation (month and year) occupation occupation	Moura	
	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
13. NAME 2/2 51/1 1.		
13. NAME The LACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Hy Ellin Was there an autopsy? The	
15. MAIDEN NAME Selies Winherman	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city grown) (State or country)	Accident, sulcide, or homicide? Date of injury	
(State or country) md	Where did injury occur?	
17. INFORMANT me Wantemar	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Justiliary mol		
18. BURIAL, CREMATION, OR DENOVAL	Manner of injury	
Place Date May 9, 1936	Nature of injury	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Realting Md.	If so, specify	
20. FILED May 0, 19 76. Ar. J. V. Tranklus Registrar.	(Signed) M. D. (Address) M. D.	
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GEIGEAU V. S	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

)	of infor-
Ų	item c
) i)	Every
	RECOMD.
BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
OR	S 4
MARGIN RESERVED FOR BINDING	INK-THIS IS
MARGIN R	UNFADING
	WITH
	LAINLY,
. No. 1	B.—WRITE PI
> S	ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County allegany.	Registration Dist. Np.
Village or City Corpos Lul.	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Bales Sint Wint	the CHillean .
(a) Residence: No. Carlos Lud.	ore traces
(d) Residence. No. (Usual place of abode)	St., Ward. But the State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH
sewale w. Sugh.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
sumon.	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dome, as SPINAER, SAWYER, BODKKEEPER, etc.	
4 9. Industry or husiness in which	
SAW WILL, DANK, GC.	
10. Date deceased last worked at this occupation (month and year)	
00101	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Learge C. Weintless 14. BIRTHPLACE (city or town) Clearlos fast.	Name of consider
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Muriel 9. allen. 16. BIRTHPLACE (city or town) Lord, Wel.	23. If death was due to external causes (VIDL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Lord Wil.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFDRMANT Feller, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manage of International Control of Control o
Place Coolso Mid Date 5-1 1936	Manner of injuryNature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 5 2 , 19 36 A. R. Waller, W. W	(Signed) TY.C. Lull . M.D.
Registrat.	(Address) Frostlering Mil.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: UN 2 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BIJEAN V. S.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other and illustration of inventors			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

1. PLACE OF DEATH County Miles or City	STATE OF MARYLAND—CERTIFICATE OF DEATH 4788	
Length of residence in city of Jown where death occurred by 1. (If death, occurred typh hospital or institution, regive in NAME inseed of steet and number) 2. FULL NAME (a) Residence: No. 508 (Usual blee of abodo) PERSONAL AND STATISTICAL PARTICULARS St. Ward. If numerides give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3.558 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED So. II married, widoy/fill, or divorced If U.S. Veteran, specify WAR. (if out is a control of the word) So. II married, widoy/fill, or divorced If Out is a control of the word of the word) So. II married, widoy/fill, or divorced If Out is a control of the word o	1. PLACE OF DEATH	TE LIMITE 97 3 0
Length of residence in city or, lown where death occurred by the comment of the foreign behind and in the comment of the comme	County allegany.	Registration Dist. No.
Legath of residence in city of flowing where death occurred for the country of th		
2. FULL NAME (a) Residence: No. 6 (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. STATE A COLOR OR BACE S. SINCLE MARRED, WIDOWED OR DIVORCED Ceare the WICO OR DIVORCED CEAR OR DIVORCED CEAR O	Length of residence in city or town where death occurred 42 yrs. 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsds.
(a) Residence: No. Columbia		
PERSONAL AND STATISTICAL PARTICULARS JOST 4. COLOR OR BLCE S. SINCLE, MARRED, WIDOWED, DR.	(a) Residence: No. 508 / In Inchame	
3.5 STAL 4. COLOR OR BLCE 5. SINGLE MARRIED, WIDDWED, OR BLYOKEED (which be wort) 50. II married, widgy(9), or divorced (co) wife of the wort) 6. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days 11 LESS Wan 1 dey,hrs, or mice sign, or particular with the worth of the work done, es SPINNER, Butcher, which were a follows: 9. Indistry or business in which with the worth of the work done, es SPINNER, Butcher, which were a follows: 9. Indistry or business in which with the worth of the work done, es SPINNER, Butcher, which were a follows: 9. Indistry or business in which with the worth of the work done, es SPINNER, Butcher, which were a follows: 9. Indistry or business in which with the worth of the work done, es SPINNER, Butcher, which were a follows: 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis (Day and town) and State) 17. INFORMANT 18. BURIAL, GREMYUNG RE RANOVAL Place 18. BURIAL, GREMYUNG RE RANOVAL Place 19. Country of the Namoval 19. Where did fingery occurred in HIBUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. Was a disease or injury in ear were related to occupation pf deceased? 19. Was disease or injury in ear were related to occupation pf deceased? 19. Was disease or injury in ear were related to occupation pf deceased? 19. Was disease or injury in earn were related to occupation pf deceased? 19. Was disease or injury in earn were related to occupation pf deceased? 19. Was disease or injury in earn were related to occupation pf deceased? 19. Was disease or injury in earn were related to occupation pf deceased? 19. Was disease or injury in earn were related to occupation pf deceased? 19. Was disease or injury in earn were related to occupation pf deceased? 19. Was disease or injury in earn were related to occupation pf deceased? 19. Was disease or injury in earn were rel	and the second s	
And the contributory classes of importance: OR BLYORCED (write the world) So. It married, widowedt, or divorced HUSBAID (or.) HUSBAID (or.) F. DATE OF BIRTH (month, day, end year) J. AGE Years Months Days II LESS than I day		
59. If married, widowed, or divorced HUSAND off or divorced HUSAND off or WIFE of WIFE	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 - 44- 102 6
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS Vian I day,	The More married	(Month) (Day) (Year)
TACE Years Months Jay If LESS Van J dey. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of Importance The PRINCIPAL CAUSE OF DEATH And STATES OF THE AND		22.9 I HEREBY CERTIFY. That I attended deceased from
7. AGE Years Months Days If LESS Van 1 dey	5 DATE OF RIRTH (month day end year) 1018 16 187.	Hast saw has alive on 5 1936; death is said
2 Trade, protession, or particular were as follows: SAWYER, BOOKES SPINNER, BOLLOWS SPINNE		to have occurred on the date stated above, atm.
SWYER, BOKKEPER, etc. 9. Industry or business in which SWW MILL, BANK, etc. SW MILL, BANK, etc. SPECIAL SW MILL, BANK, etc. SW MILL, BANK, etc. SPECIAL SW MILL, BANK, etc. SPECIAL SW MILL, BANK, etc. SPECIAL SW MILL, BANK, etc. SW MILL, BANK, et	67 4 18 ormin.	were as follows:
Work was done, es SILK MILL, MAK, etc. 10. BIRTHPLACE (city or town) (Stete or country) 11. Step in in this occupation Dither Centributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAYON of R REMOVAL Place 19. UNDERTAKER Manner of injury Nature of injury (Signed) 19. OFFILED Man b., 19.3. S. No. J. P. Manner of Registran. (Address) 11. The Date of the Centributory Causes of Importance: Date of Importance: Neme of operation What test confirmed diagnosis Neme of operation Option Neme of operation Option Neme of operation Neme of operatio	S Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or yountry) 17. INFDRMANT (State or yountry) 18. BURIAL, CREMITUON OR REMOVAL Place 19. UNDERTAKER 19. UNDERTA	work was done, es SILK MILL,	Conterio Delevoso tun
Description of the contributory Canses of Importance: 12. BIRTHPLACE (city or town)	this occupation (month and spent in this	Eug.
13. NAME	Carrolle 1 a	Dther Contributory Causes of Importance:
What test confirmed diegnosis 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMANONAR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10. FILED 11. State or country) What test confirmed diegnosis Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in enx wey related to occupation of deceased? (Signed) (Signed) (Address) Confirmed diegnosis Accident, suicide, or homicide? Accident, suicide, or		
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes - Deterof onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago July 5 1927 Cerebral hemorrhage Peritonitis 3 days ago BUREAR Other contributory causes of Importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year